

Name  
in  
Full

Jennings L. Acree

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Brooklyn</i>		County <i>a. a. Co</i>			
Date of death <i>1906</i>	Month <i>November</i>	Day <i>27</i>	Age <i>8</i>	Months <i>6</i>	Days <i>4</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth place <i>Brooklyn a. a. Co Md</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>Brooklyn a. a. Co Md</i>		
<del>Married</del> , Single <i>Single</i>			<del>Widow</del> , <del>Wife</del> or Husband <i>none</i>		
Father's Name <i>George W. Acree</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Eva F. Longest</i>			Mother's Birthplace <i>Va</i>		
Name of person giving information <i>George W. Acree</i>			How related to deceased <i>father</i>		

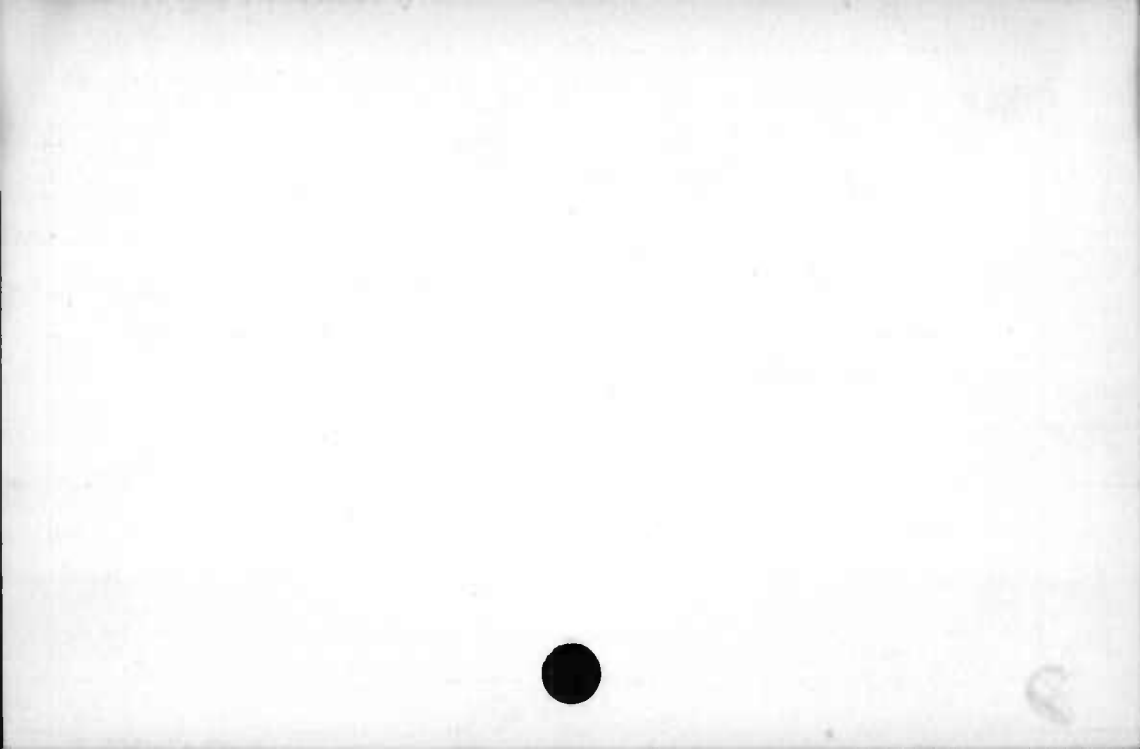
CAUSES OF DEATH

Primary <i>Capillary Bronchitis</i>	How long <i>3 days</i>
Immediate <i>Apnoea</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Otto M. Reinhardt M.D.</i>
	Address <i>1017 So. Charles St Baltimore Md.</i>
Accident or Suicide? <i>—</i>	

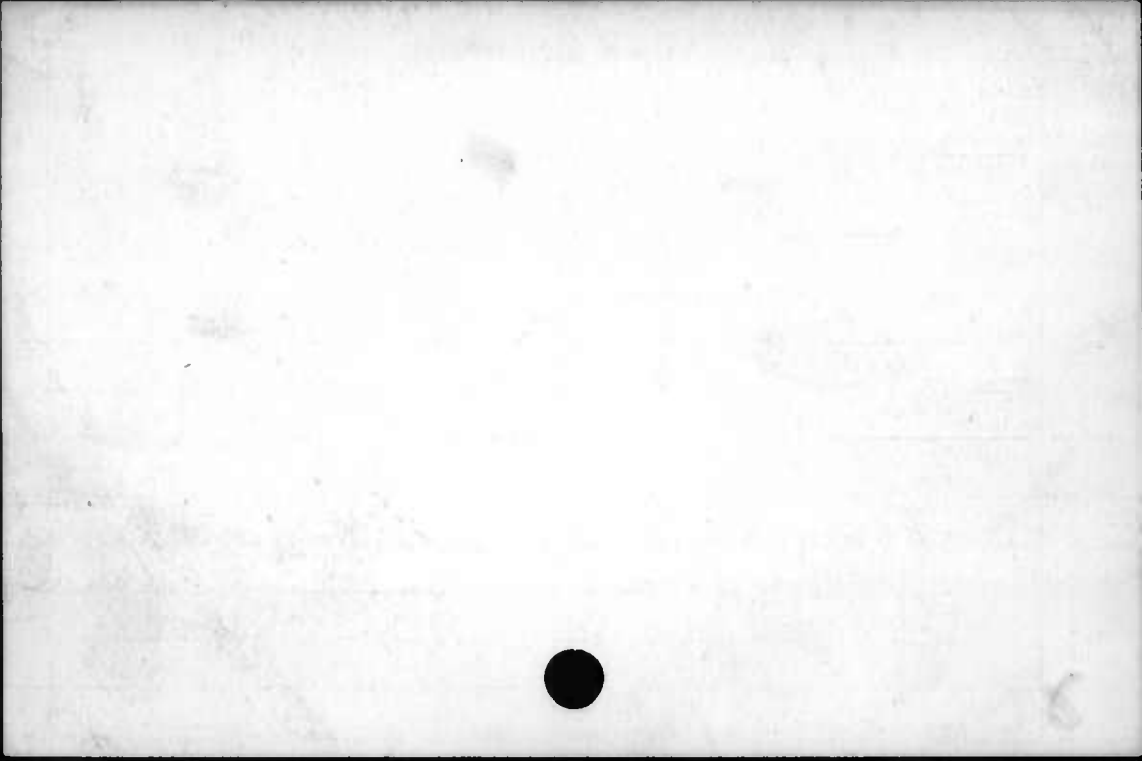
PHYSICIAN  
OR CORONER







Name in Full <b>Garrie Blackson</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Town <b>Annapolis Md</b>		County <b>A.A., Co</b>
	Died at		MARYLAND
	Date of death <b>1906</b>	Month <b>Nov.</b>	Day <b>11<sup>th</sup></b>
	Age <b>—</b>		Years <b>—</b>
	Months <b>7</b>		Days <b>8</b>
	Sex <b>female</b>	Color or Race <b>Colored</b>	Birth-place <b>Annapolis Md</b>
	Occupation <b>—</b>	Where Residing if not at place of death <b>108 Livingston Plac</b>	
Married, Single or Widowed <b>single</b>	Name of Wife or Husband <b>—</b>		
Father's Name <b>Henry Blackson</b>	Father's Birthplace <b>A.A., Co.</b>		
Mother's Maiden Name <b>Emma Serrin</b>	Mother's Birthplace <b>— — —</b>		
Name of person giving information <b>Henry Blackson</b>	How related to deceased <b>—</b>		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>congenital Loue</b>	How long <b>Since Birth</b>	
	Immediate <b>Exhaustion</b>	How long <b>Gradual</b>	
	Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>John Ridout, M.D.</b>	
		Address <b>Annapolis Md</b>	
	Accident or Suicide?		



Name

in

Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Isaiah Boardley

Died at Annapolis <sup>Town</sup> Annapolis <sup>County</sup> MARYLAND

Date of death 190 <sup>Month</sup> Nov <sup>Day</sup> 30 <sup>Years</sup> 49 <sup>Months</sup>  <sup>Days</sup>

Sex Male <sup>Color or Race</sup> Colored <sup>Birthplace</sup> A.C.

Occupation Carver <sup>Where Residing if not at place of death</sup> 137 1/2 St.

Married, Single or Widowed Widow <sup>Name of Wife or Husband</sup> Male Parker

Father's Name Richard Boardley <sup>Father's Birthplace</sup> A.C.

Mother's Maiden Name Ann Boardley <sup>Mother's Birthplace</sup> Spotsylvania

Name of person giving information Fannie Thomas <sup>How related to deceased</sup> friend

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Pleurisy Sero. Tubercles <sup>How long</sup> 6 months

Immediate Heart Failure <sup>How long</sup> one day

Are the name, age, sex, color, date and place correctly given above? Yes <sup>Signature of Physician</sup> R. P. Keebe

<sup>Address</sup> 61 Cathedral St.  
Annapolis Md

Accident or Suicide?

Washington Sk 43.



Name  
in  
Full

## CERTIFICATE OF DEATH

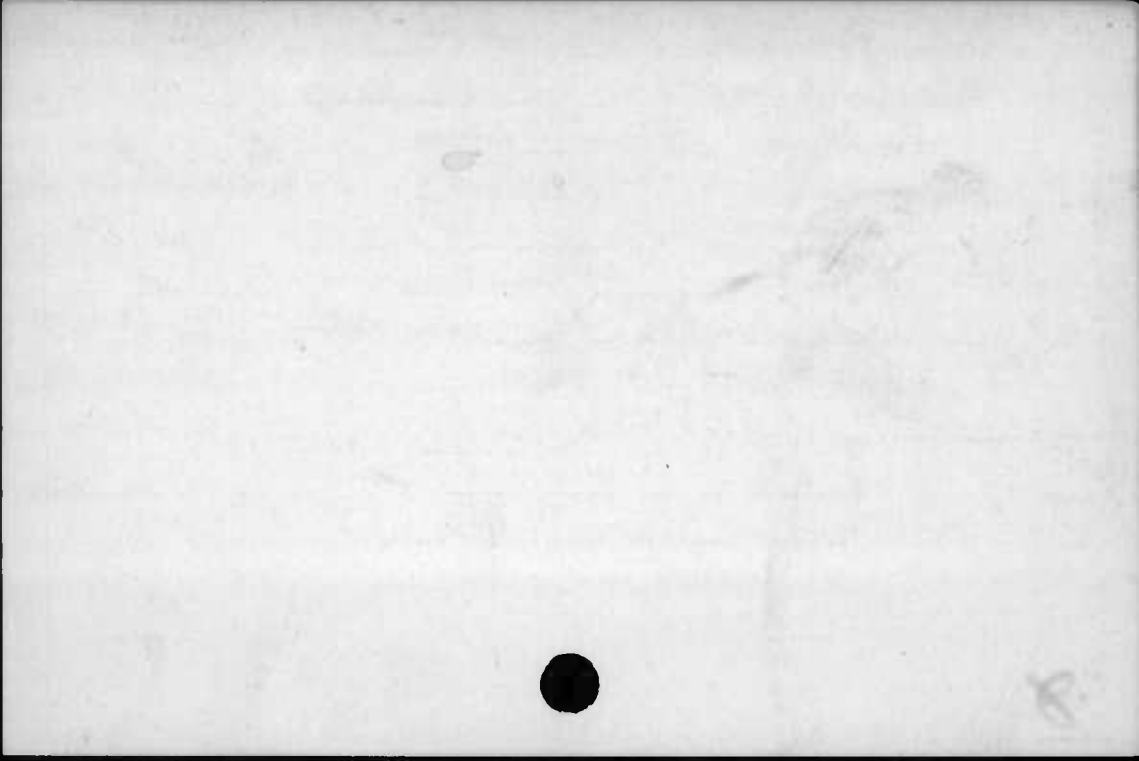
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>a a</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>14</i>	Age <i>—</i>	Years <i>—</i>	Months <i>4</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Annapolis Md</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>George Bogan</i>				Father's Birthplace <i>Phaed/Phaid</i>			
Mother's Maiden Name <i>Bridget - Gray</i>				Mother's Birthplace <i>Ireland</i>			
Name of person giving information <i>Bridget - Bogan</i>				How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Malnutrition</i>	How long <i>since birth</i>
Immediate <i>Branchitis</i>	How long <i>4 or 5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>J. O. Harris</i> Address <i>Annapolis Md</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

*Elizaveth Brown*  
 Died at *Smithville* <sup>Town</sup> *Adco* <sup>County</sup>

MARYLAND

Date of death *1906* <sup>Month</sup> *Nov* <sup>Day</sup> *5* <sup>Years</sup> *Age* <sup>Months</sup> *5* <sup>Days</sup>  
 Sex *Female* Color or Race *Colored* Birth-place *Smithville*  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

How long

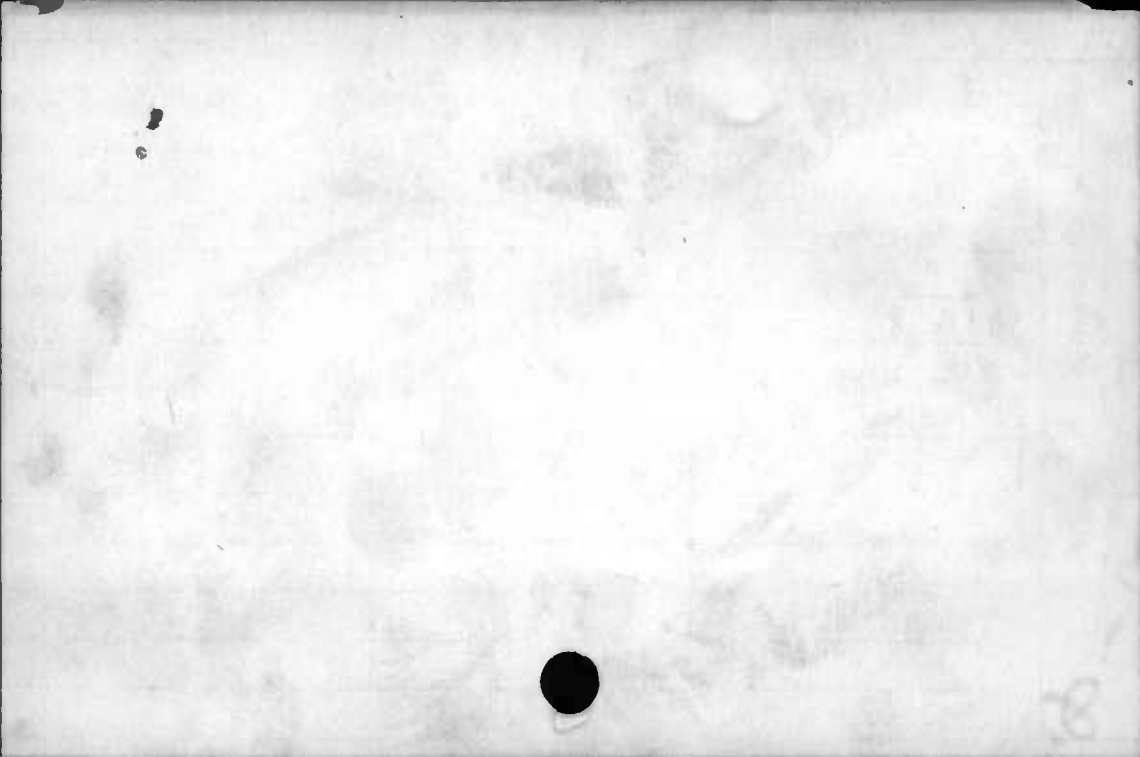
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

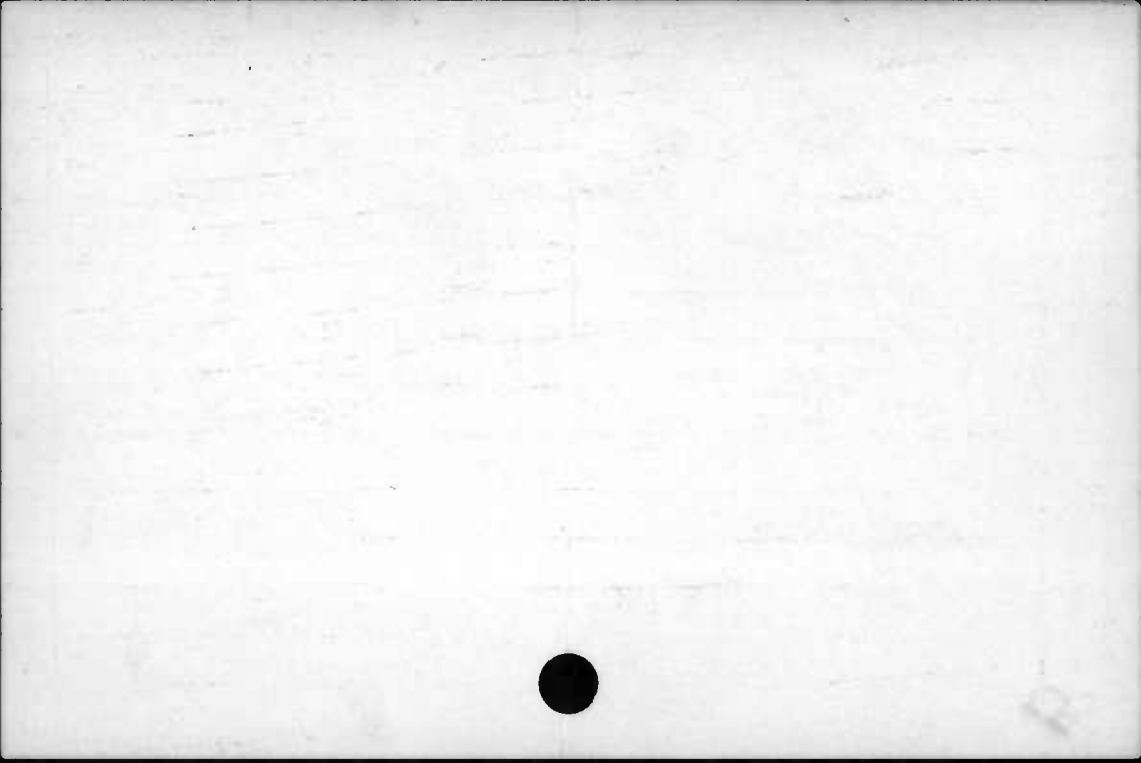
Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		George Brown				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Tcwn Wreelham		County Anne Arundel		MARYLAND	
	Date of death	1906	Month Nov	Day 16	Age	Years 52	Months Days
	Sex	Male		Color or Race	Coloured		
	Occupation	Labourer		Birth place	Maryland		
	Where Residing if not at place of death						
	Married, Single or Widowed	Single		Name of Wife or Husband	Harriet Brown		
PHYSICIAN OR CORONER	Father's Name	Unknown				Father's Birthplace	Unknown
	Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown
	Name of person giving In formation	Harriet Brown				How related to deceased	Wife
	<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(64)</div>						
PHYSICIAN OR CORONER	Primary	Cerebral Hemorrhage				How long	6 hours
	Immediate	Apoplexy				How long	1 hour
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	C. R. Winkleson	
					Address	Hanover Md	
<div style="text-align: center;">Accident or Suicide?</div>							



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

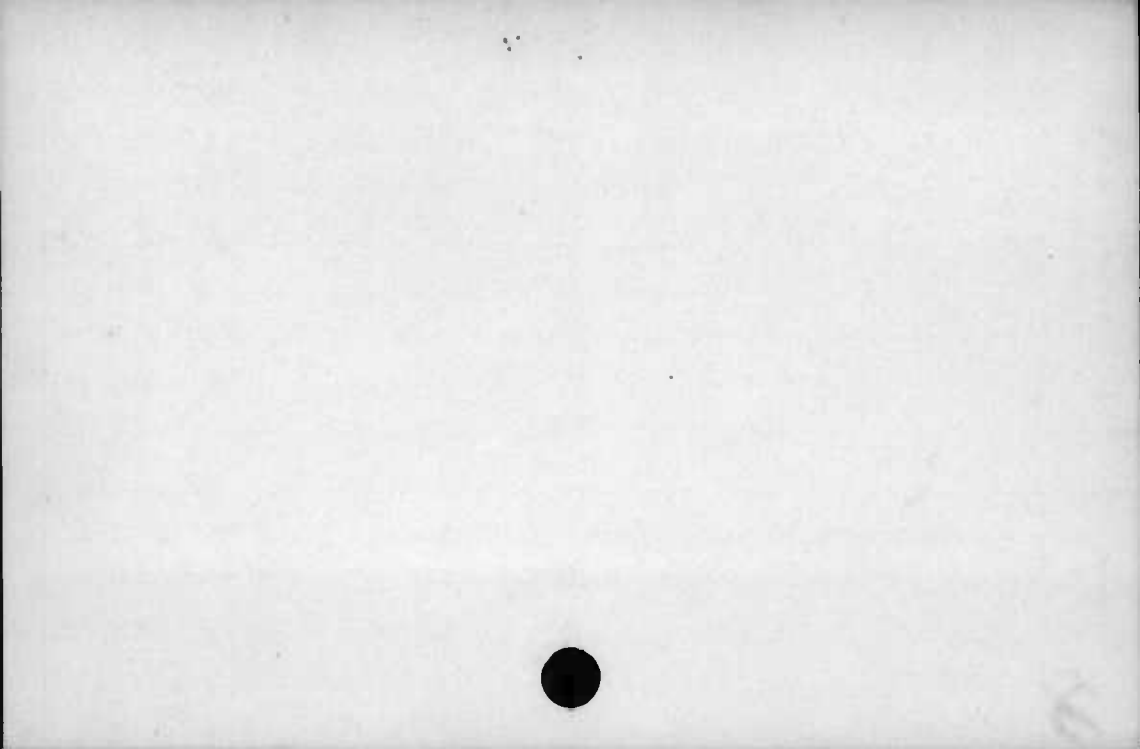
MARYLAND

Name James Albert Brown Town Churchton County Ad  
Died at Churchton  
Date of death 1906 Month Nov. Day 6 Age 2 Years 8 Months — Days —  
Sex Male Color or Race Colored Birthplace Ind.  
Occupation None Where Residing if not at place of death —  
Married, Single or Widowed Single Name of Wife or Husband —  
Father's Name Chas. Brown Father's Birthplace Ind.  
Mother's Maiden Name Anna S. Matthews Mother's Birthplace Ind.  
Name of person giving information Chas Brown How related to deceased Father.

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Diphtheria How long 8 days  
Immediate Heart Paralysis How long —  
Are the name, age, sex, color, date and place correctly given above? Yes  
Signature of Physician Geo F Drisk  
Address Churchton  
Accident or Suicide? —





Name  
in  
Full

Stella Chaney -

## CERTIFICATE OF DEATH

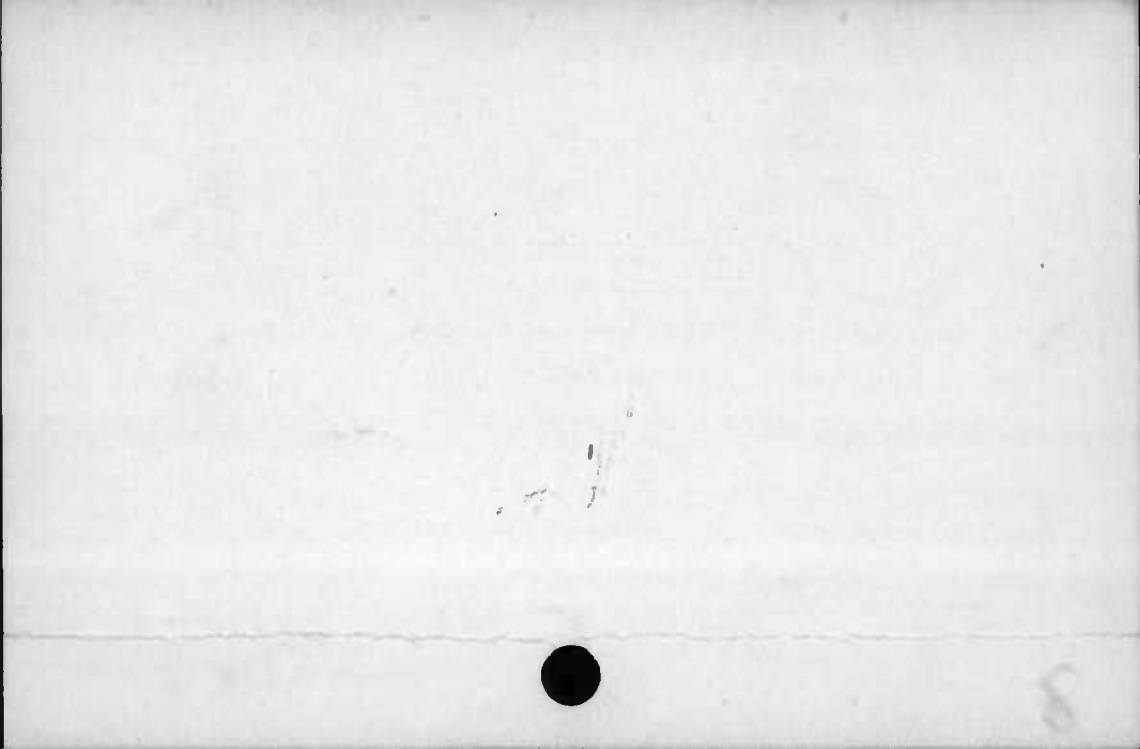
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pasadena Station</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1906	Month	Nov.	Day	2
Sex	Female	Color or Race	White	Age	Years <i>—</i> Months <i>4</i> Days <i>18</i>
Occupation	<i>—</i>		Birth-place	<i>Anne Arundel</i>	
Where Residing if not at place of death			<i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Van Chaney</i>			Father's Birthplace <i>Anne Arundel Co</i>		
Mother's Maiden Name <i>Christie Plimsirey</i>			Mother's Birthplace <i>Anne Arundel Co</i>		
Name of person giving information <i>Van Chaney</i>			How related to deceased <i>Father</i>		

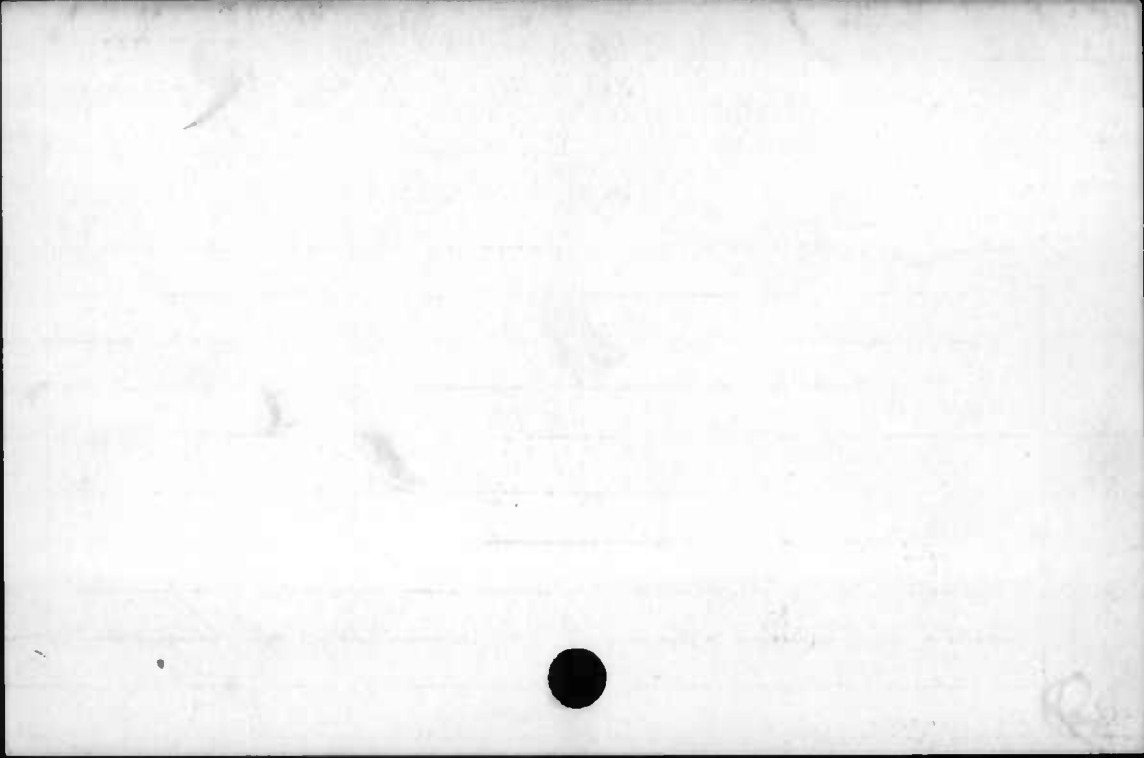
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Broncho - pneumonia</i>	How long	<i>Six days</i>
Immediate	<i>Heart Exhaustion</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>James S. Bellingsh M.D.</i>	
		Address <i>Armiger.</i>	
Accident or Suicide? <i>—</i>		<i>Md.</i>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Annapolis</i>		County <i>AA Co</i>		MARYLAND
	Date of death	Month <i>10</i>	Day <i>6</i>	Age <i>59</i>	Years <i>18</i>
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>AA Co</i>	Months <i>—</i>
	Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Laura I Collins</i>			
	Father's Name <i>William B Rodgers</i>	Father's Birthplace <i>AA Co</i>			
	Mother's Maiden Name <i>Sarah Crutchley</i>	Mother's Birthplace <i>AA Co</i>			
Name of person giving information <i>Laura I Collins</i>		How related to deceased <i>Daughter</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Chronic Nephritis</i>		How long	<i>4 years</i>
	Immediate	<i>Dropsy &amp; Heart failure</i>		How long	<i>Several months</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>S. S. Hephner</i>		
			Address <i>Annapolis Md.</i>		
Accident or Suicide? <i>—</i>					



Name  
in  
Full

Frederick Davis

## CERTIFICATE OF DEATH

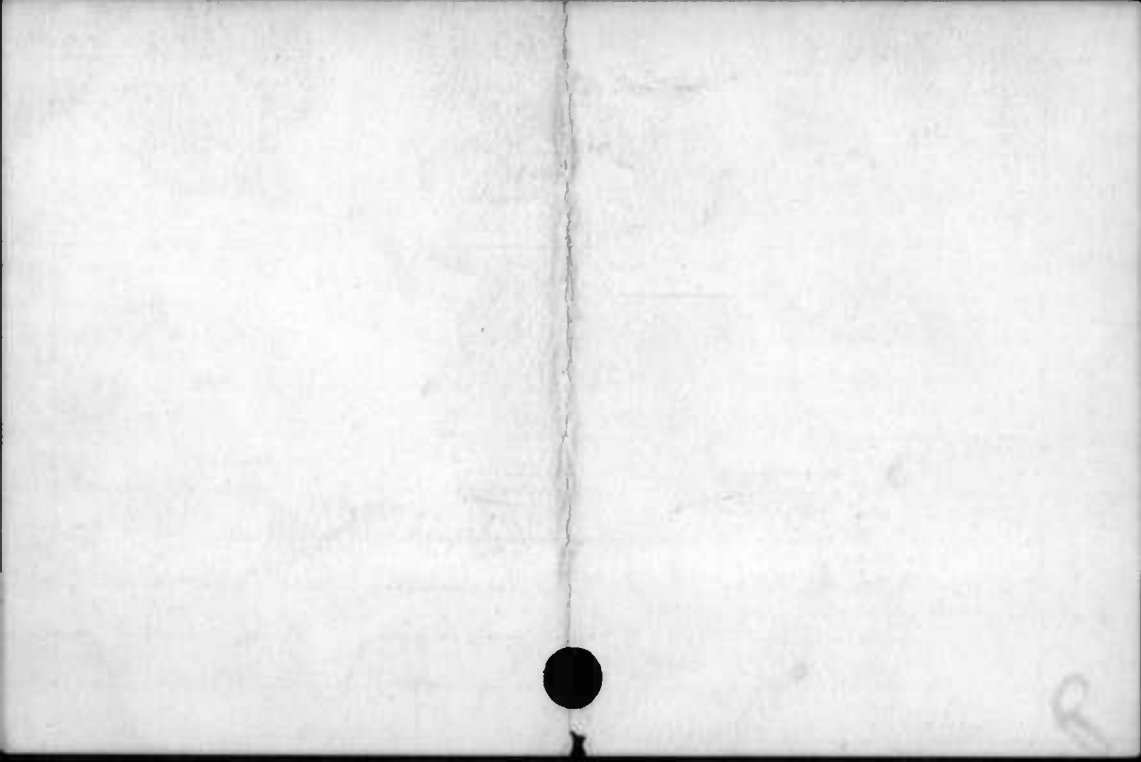
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> <sup>Town</sup>		<i>AA. Co</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906 Nov 24</i>		Age <i>24</i>		Months <i>6</i>	Days <i>6</i>
Sex <i>male</i>	Color or Race <i>Caucasian</i>	Birth-place <i>Annapolis</i>			
Occupation <i></i>		Where Residing If not at place of death <i>Paca St</i>			
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>			
Father's Name <i>Eddie Davis</i>		Father's Birthplace <i>Annapolis</i>			
Mother's Maiden Name <i>Lizzie Parker</i>		Mother's Birthplace <i>Annapolis</i>			
Name of person giving information <i>Mother</i>		How related to deceased <i>(L L L L)</i>			

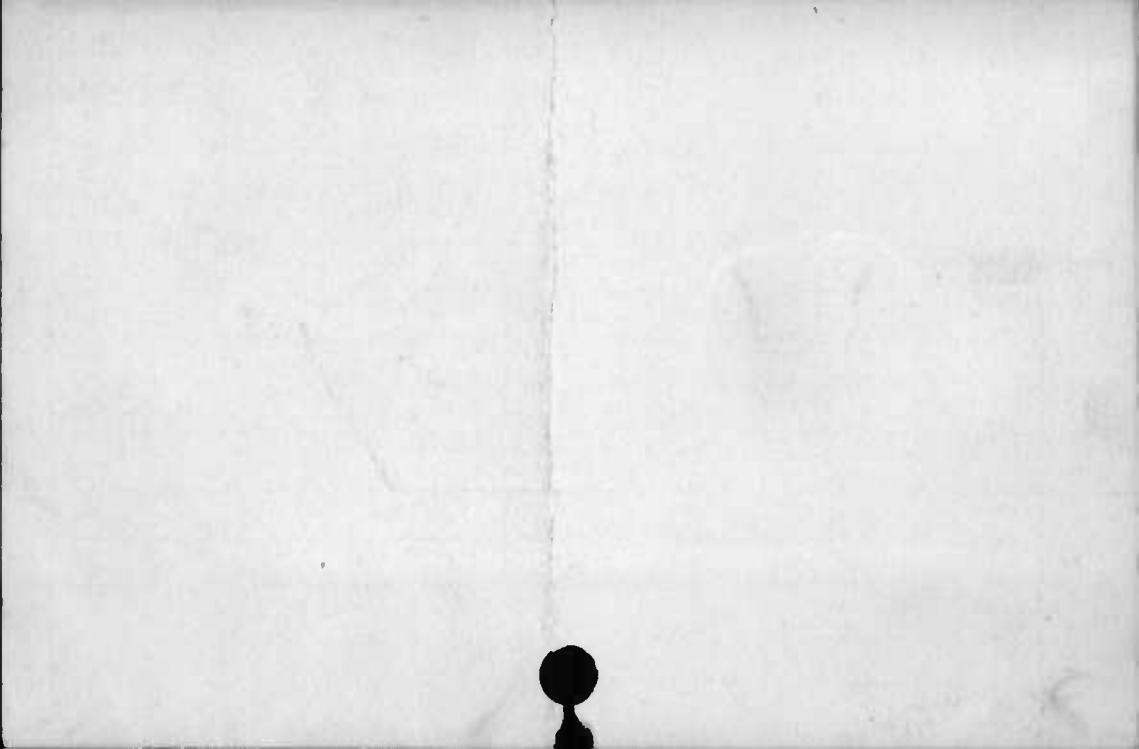
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Three days</i>
Immediate <i></i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout M.D.</i>
<i>Yes</i>	Address <i>Annapolis Md.</i>
Accident or Suicide? <i></i>	



Name in Full <b>Robert H. Jackson</b>		CERTIFICATE OF DEATH	
Died at <b>Oma</b> Town		<b>A. Q.</b> County	
Date of death <b>1904</b> Month <b>Nov.</b> Day <b>24</b> Age <b>66</b> Years <b>8</b> Months <b>8</b> Days		MARYLAND	
Sex <b>Male</b> Color or Race <b>White</b> Birth-place <b>A. Q. Co. Md.</b>			
Occupation <b>Farmer</b> Where Residing If not at place of death			
Married, Single or Widowed <b>Married</b> Name of Wife or Husband <b>Eliz. H. Carter</b>			
Father's Name <b>Robert H. Jackson</b> Father's Birthplace <b>Montg. Co. Md.</b>			
Mother's Maiden Name <b>Lucend Boleter</b> Mother's Birthplace <b>" "</b>			
Name of person giving information <b>Oma Jackson</b> How related to deceased <b>Son</b>			
CAUSES OF DEATH			
Primary		How long	
Immediate <b>Gun shot wound</b>		How long <b>Immediately</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes.</b>		Signature of Physician <b>A. Volzant</b>	
		Address <b>Millersville</b>	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Brooklyn* *A.D.* CountyDate of death *1906* Month *Nov.* Day *10* Age *—* Years Months *3* Days *—*Sex *Male* Color or Race *White* Birth-place *Brooklyn*Occupation *None* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *W. E. Eishuchart*Father's Birthplace *Pa*Mother's Maiden Name *May " "*Mother's Birthplace *Pa*Name of person giving information *W. E. Eishuchart*How related to deceased *Father*

## CAUSES OF DEATH

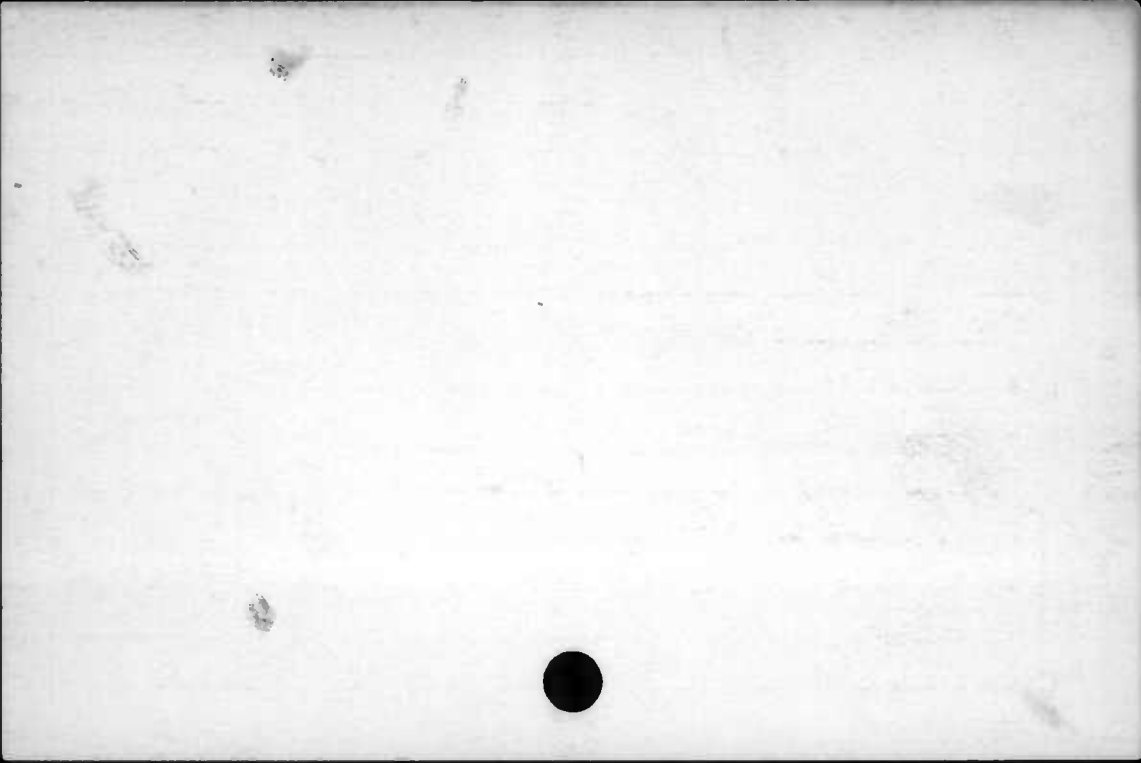
Primary *Brachial aneurysm*How long *2 days*Immediate *Heart failure*How long *instant*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*Thos. Brander*  
*1228 D Charles St*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

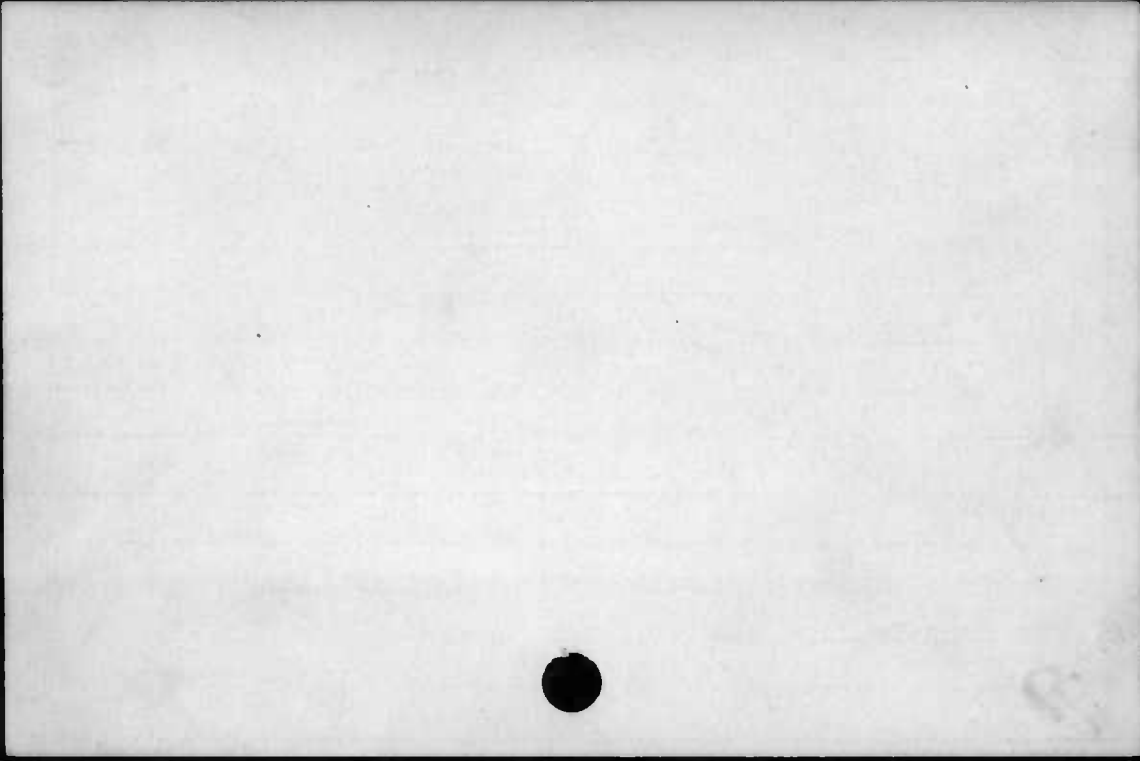
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Annapolis</u>		Town <u>Annapolis</u>		County <u>St. Anne's Md.</u>		MARYLAND	
Date of death <u>1906</u>		Month <u>March</u>	Day <u>8</u>	Age <u>3</u>		Years <u>3</u>	Months <u>3</u>
Sex <u>Female</u>		Color or Race <u>Caucasian</u>		Birth-place <u>Annapolis</u>			
Occupation <u></u>				Where Residing if not at place of death <u>182 Chestnut St.</u>			
Married, Single or Widowed <u></u>				Name of Wife or Husband <u></u>			
Father's Name <u>Frank Evans</u>				Father's Birthplace <u>Annapolis</u>			
Mother's Maiden Name <u>Rebecca Halloran</u>				Mother's Birthplace <u>Annapolis</u>			
Name of person giving information <u>Mother</u>				How related to deceased <u>1 1 1 1</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Marasmus</u>	How long <u>Since Birth</u>
Immediate <u>Exhaustion</u>	How long <u>Gradual</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>John Ridout M.D.</u>
	Address <u>Annapolis Md.</u>
Accident or Suicide? <u></u>	



Name in Full		Catherine C Gohring				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Curtis Bay, Md		County	Hisco -		MARYLAND
	Date of death	1906	Month Nov	Day 9	Age 9	Years -	Months - Days 14
	Sex	Female		Color or Race	White		Birthplace Greensburg, Pa.
	Occupation	School girl		Where Residing if not at place of death		-	
	Married, Single or Widowed	Single		Name of Wife or Husband		-	
	Father's Name	Geo. E. Gohring				Father's Birthplace	Irwin, Pa
	Mother's Maiden Name	Lora Heisen				Mother's Birthplace	Balto. Md
	Name of person giving Information	G. E. Gohring				How related to deceased	Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Diphtheria			How long	7 days	
	Immediate	Heart Failure			How long	Immediate	
	Are the name, age, sex, color, date and place correctly given above?			Yes			
	Signature of Physician			H. B. Forton Md			
	Address			Curtis Bay, Md			
Accident or Suicide?							



Name  
in  
Full

Gross

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Annapolis* Town

County

Date

of death *1906*

Month

*Nov.*

Day

*22*

Age

Years

*—*

Months

*—*

Days

*6*

Sex

*Female*Color or  
Race*Colored*Birth-  
place*Annapolis*

Occupation

*—*Where Residing if not  
at place of death*—*Married, Single  
or Widowed*—*Name of Wife or  
Husband*—*Fether's  
Name*Louis Henry Gross*Fether's  
Birthplace*Crownsville Md*Mother's  
Meiden Name*Ella Bowie*Mother's  
Birthplace*West River Md*Name of person giving  
In formation*L H Gross*How related  
to deceased*Father*

## CAUSES OF DEATH

Primery

*Bronchitis*

How long

*4 days*

Immediate

*Convulsions*

How long

*1 day*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Wm Welch*

Address

*Health Officer  
Annapolis*

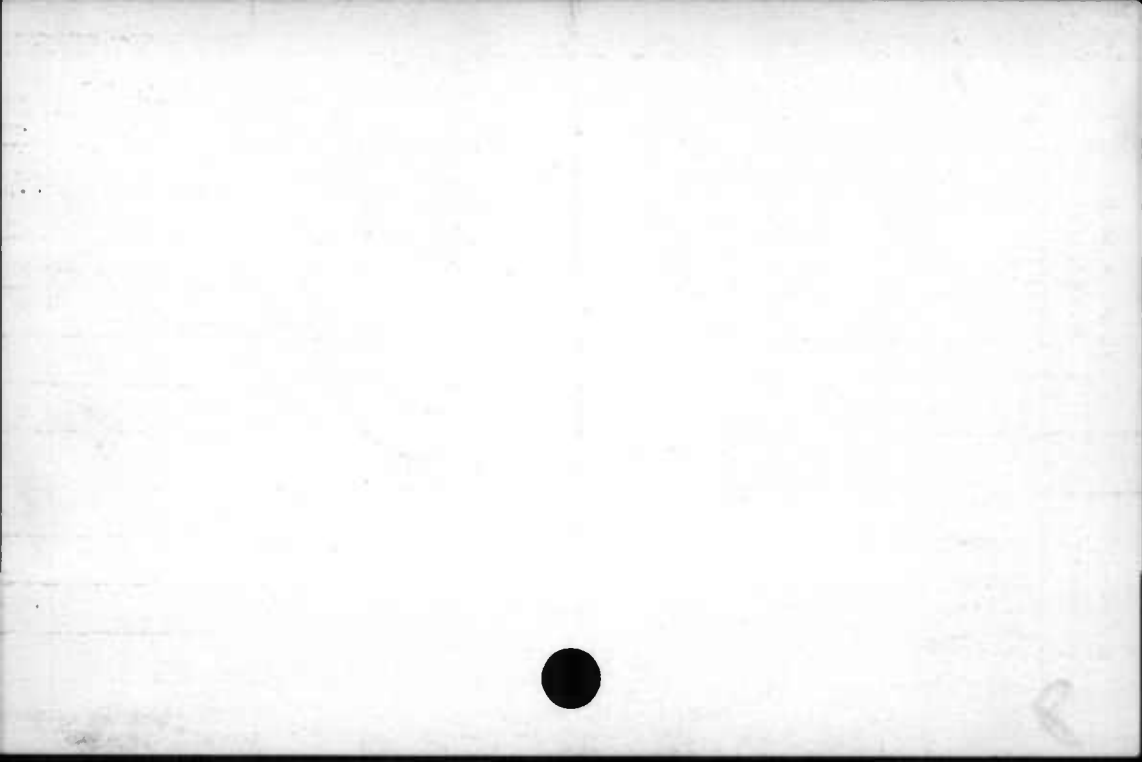
Accident or Suicide?

*—*PHYSICIAN  
OR CORONER  
*J*





Name in Full		Oliver Henson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Pumphrey</i>		Town <i>Ann Arundel</i>		County		MARYLAND
	Date of death <i>1906 Nov 20</i>		Month <i>Nov</i> Day <i>20</i>		Years <i>82</i>		
	Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Howard Co Md</i>		
	Occupation <i>No Occupation</i>		Where Residing if not at place of death				
	<del>Married, Single or Widowed</del>		Name of Wife or Husband				
	Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>				
	Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>				
PHYSICIAN OR CORONER	Name of person giving information <i>John Harris</i>		How related to deceased <i>Friend</i>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>CAUSES OF DEATH</b> </div>		
	Primary <i>Cerebral Hemorrhage</i>		How long <i>6 days</i>				
	Immediate <i>Exhaustion</i>		How long <i>6 days</i>		<div style="border: 1px solid black; padding: 5px;"> Signature of Physician <i>T R Winter</i>  Address <i>Hanover Md</i> </div>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>						
Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

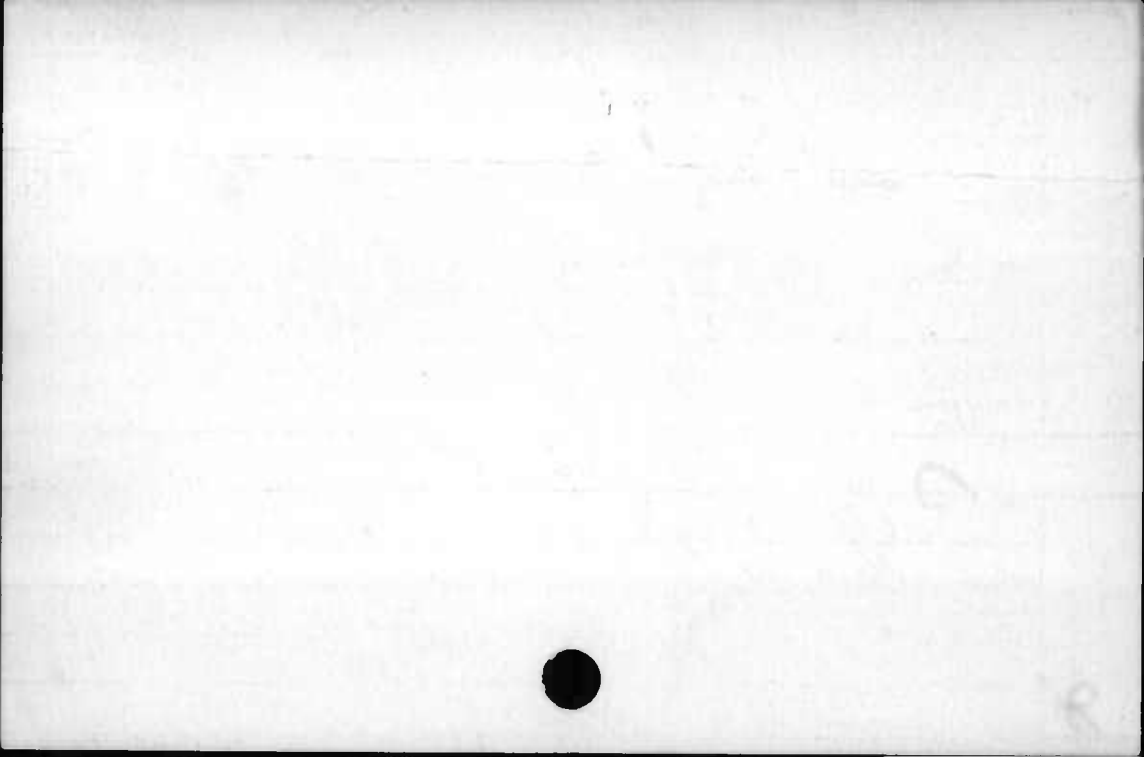
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Augusta Hepe</i>		Town <i>Hairfield</i>		County <i>Ad.</i>		MARYLAND	
Died at <i>Hairfield</i>		Month <i>Nov</i>		Day <i>21</i>		Years <i>23</i>	
Date of death <i>1906</i>		Month <i>Nov</i>		Day <i>21</i>		Age <i>23</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Germany</i>		Months <i>—</i>	
Occupation <i>Housework</i>		Where Residing if not at place of death		Days <i>12</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>George A. Hepe</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Louise Hammerslaugh</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Paul Miller</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 days</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas B Norton M.D.</i>
	Address <i>203 Balto Md.</i>
Accident or Suicide <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

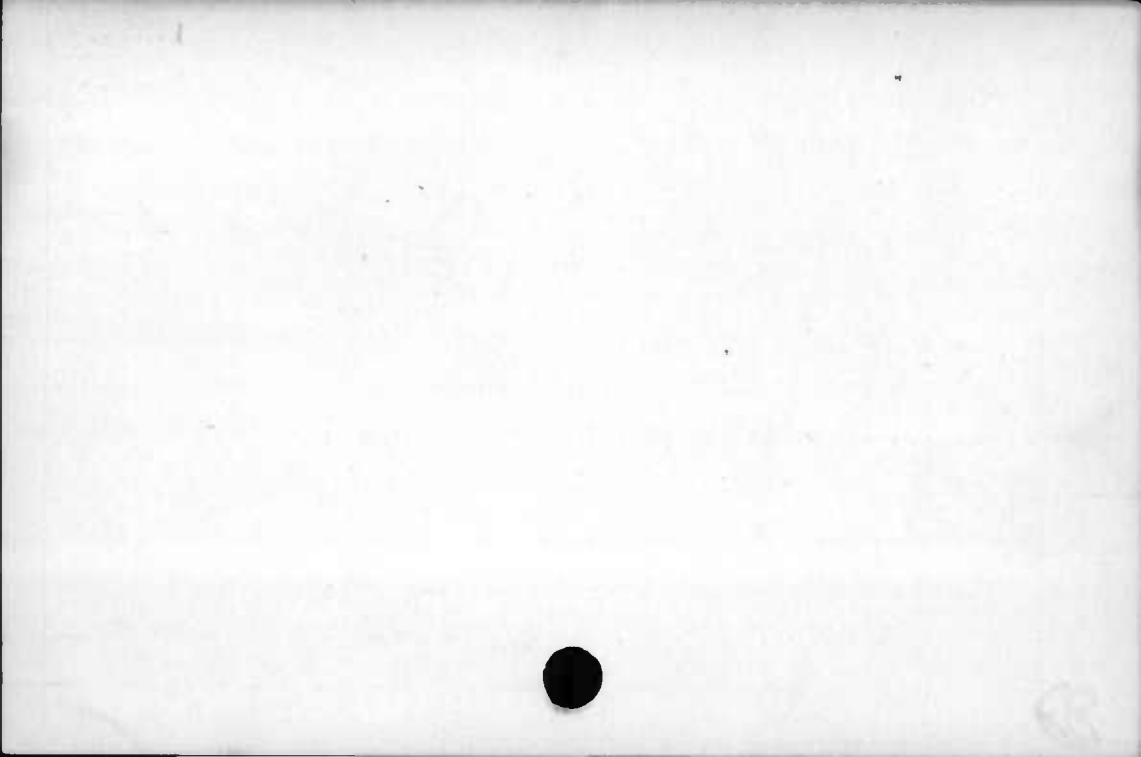
MARYLAND

Died at <i>Cincinnati</i>		Town <i>Cincinnati</i>		County <i>Adams</i>	
Date of death <i>1906 Nov</i>		Month <i>Nov</i>	Day <i>29</i>	Age <i>33</i>	Years <i>33</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Chicago</i>			
Occupation <i>Iron Worker</i>	Where Residing if not at place of death <i>Amber Pa</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>J. E. Plotner</i>			How related to deceased <i>Relation</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Crushed by falling derrick</i>	How long	<i>—</i>
Immediate		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>H. Stewart Conde, M.D.</i>	
		Address <i>98 St. John St. Cincinnati, Mo</i>	
Accident or Suicide? <i>accident</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

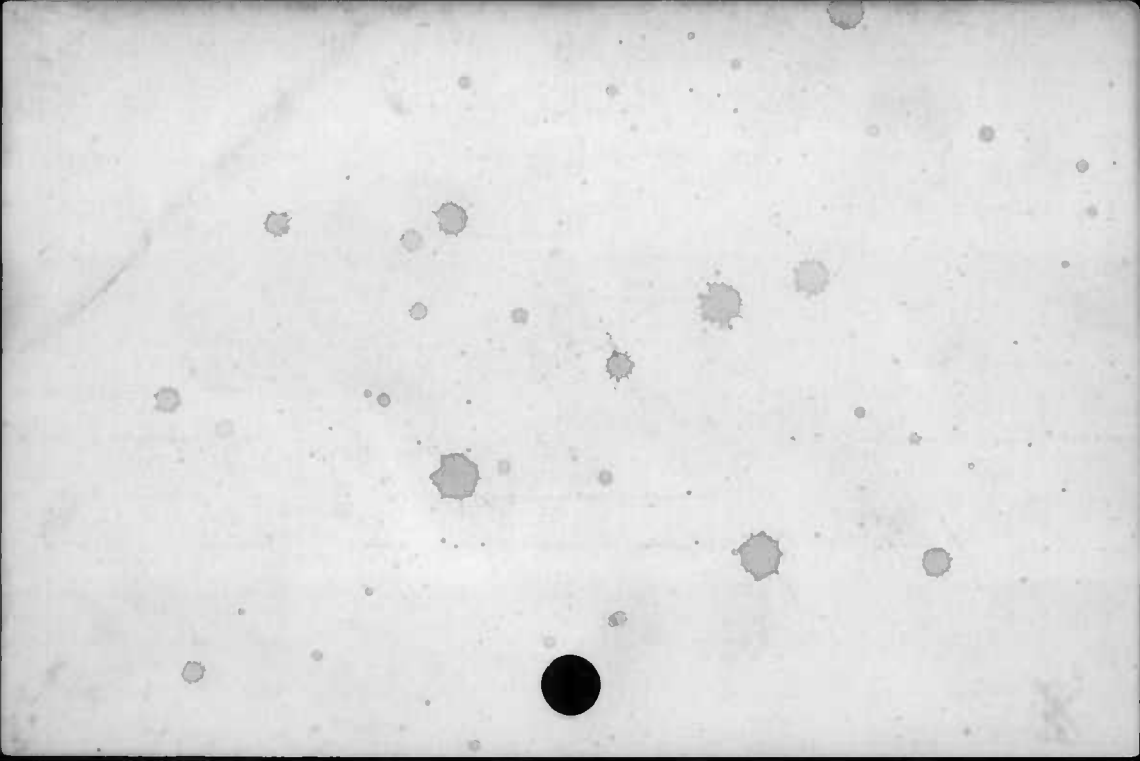
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St. Margaret's Home</i>		Town <i>St. Margaret's</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1904</i>		Month <i>November</i>		Day <i>16</i>		Years <i>97</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>London, England</i>		Months <i>1</i>	
Occupation <i>Sailor</i>		Where Residing if not at place of death		Days <i>2</i>			
Married, Single or Widowed		Name of Wife or Husband <i>Susan Whitbourn</i>					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Anna D. James</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>15 Months</i>
Immediate <i>Exhaustion</i>	How long <i>Several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. D. Richmond</i>
	Address <i>Chilopalis, Md.</i>
	<i>Rt. H. D. No. 1</i>
Accident or Suicide?	





Name  
in  
Full

Elizabeth Johnson

## CERTIFICATE OF DEATH

MARYLAND

Died at Annapolis

AA Co

Date of death 1906 Nov

Month

26

Day

Age 2

Years

Months

Days

Sex

Female

Color or  
Race

Colored

Birth-  
place

Annapolis

Occupation

Where Residing if not  
at place of death

Monument St

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Emory Johnson

Father's  
Birthplace

Annapolis

Mother's  
Maiden Name

Lottie Washington

Mother's  
Birthplace

C C C

Name of person giving  
In formation

Mother

How related  
to deceased

C 2 ~ ~

## CAUSES OF DEATH

Primary

Dementia (6)

How long

Immediate

Meningitis

How long

Four days

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

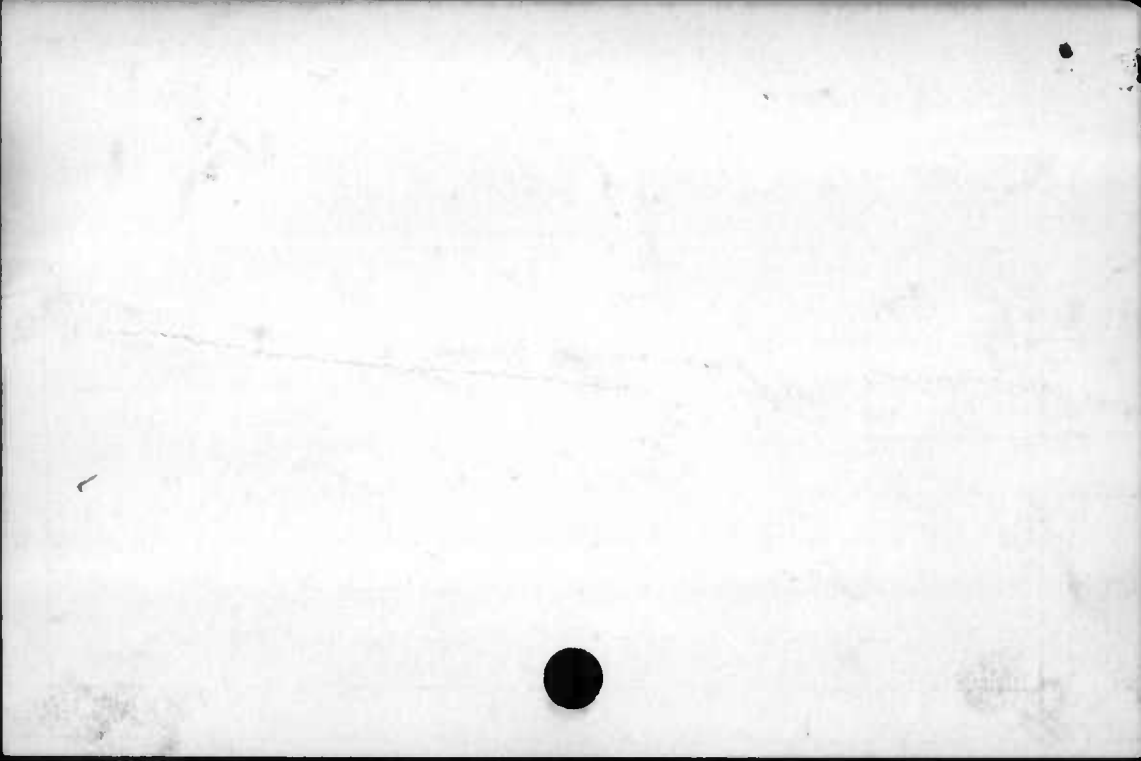
John Ridout, M.D.

Address

Annapolis  
Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

*Lydia Johnson*

CERTIFICATE OF DEATH

MARYLAND

Died at

*Annapolis*

County

*Ad*

Date

of death *1906*

Month

*Nov*

Day

*2nd*

Age

Years

Months

Days

Sex

*Female*

Color or  
Race

*colored*

Birth-  
place

*Annapolis*

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

*Richard Johnson*

Father's  
Birthplace

*Annapolis*

Mother's  
Maiden Name

*Vietta Brookes*

Mother's  
Birthplace

*Ad Co.*

Name of person giving  
In formation

*Father*

How related  
to deceased

CAUSES OF DEATH

Primary

*Marasmus*  
*Exhaustion*

How long

*Since Birth*

Immediate

How long

*Gradual*

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

Signature of  
Physician

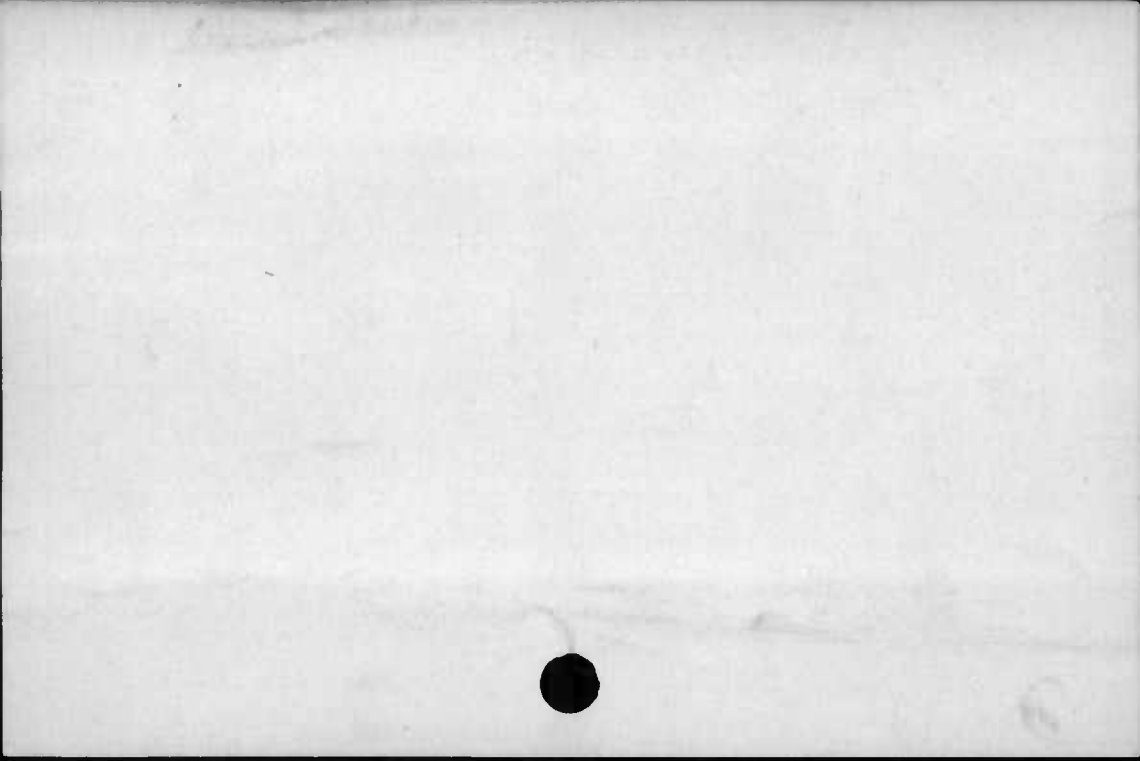
Address

*John Ridout, M.D.*  
*Annapolis*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
is  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John Jacob Keller

Died at East Brooklyn

County

MARYLAND

Date of death 1906

Month

Nov

Day

20

Years

Age 60

Months

Days

Sex

m

Color or  
Race

w

Birth-  
place

Germany

Occupation

Laborer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

by

Name of Wife or  
HusbandFather's  
Name

John Keller

Father's  
Birthplace

Germany

Mother's  
Maiden Name

✓

Mother's  
Birthplace

Germany

Name of person giving  
information

Son

How related  
to deceased

✓

## CAUSES OF DEATH

Primary

Transverse Myelitis

How long

8 weeks

Immediate

Hypostatic pneumonia &amp; gangrene

How long

3 weeks

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

William D. Hart M.D.

Address

#804 Pennington Ave

Curtis Bay Co Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?

✓

Christian Miller  
2334 Jefferson st

Mt Carmel Cemetery

Name  
in  
Full

Earl Krimble

## CERTIFICATE OF DEATH

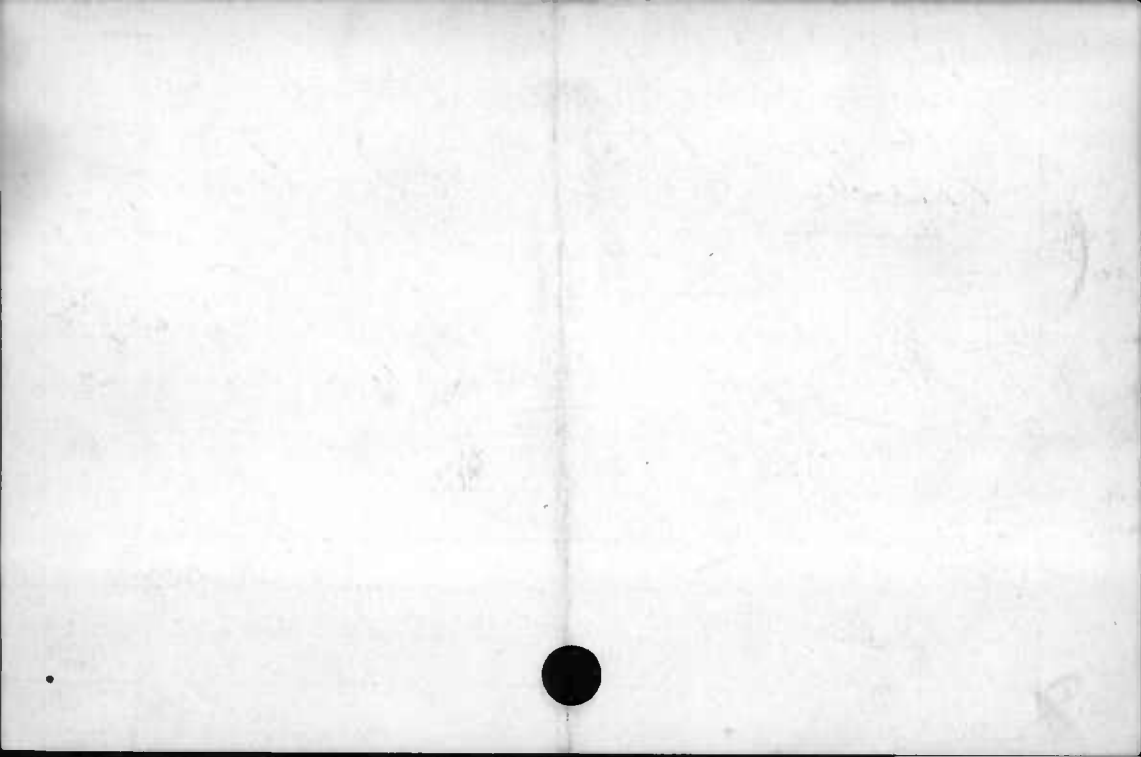
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Date of death	1906	Month	Nov	Day	15	Age	7
Sex	<i>Male</i>		Color or Race	<i>Caucasian</i>		Birthplace	<i>Annapolis</i>
Occupation				Where Residing if not at place of death		<i>31 Bladensburg St.</i>	
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Thomas Krimble</i>					Father's Birthplace	<i>A. A. Co</i>
Mother's Maiden Name	<i>Katharine Blackstone</i>					Mother's Birthplace	<i>" " "</i>
Name of person giving information	<i>Mother</i>					How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Sentition</i>	How long	<i>6d</i>
Immediate	<i>Meningitis</i>	How long	<i>Several days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>John Ridout M.D.</i>
		Address	<i>Annapolis Md.</i>
Accident or Suicide?			





Name  
in  
Full

Willia Olive King

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Armiger P.O.</i>		Town <i>Armiger</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov.</i>	Day <i>20</i>	Age <i>36</i>	Years <i>8</i>	Months <i>17</i>	Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>A.A. Co.</i>			
Occupation <i>Housewife</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>William H. King</i>					
Father's Name <i>Henry A. Basford</i>				Father's Birthplace <i>A.A. Co.</i>			
Mother's Maiden Name <i>Patience Armiger</i>				Mother's Birthplace <i>A.A. Co.</i>			
Name of person giving information <i>F. A. Stinchcomb</i>				How related to deceased <i>Friend</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Carcinoma of Stomach</i>	How long	<i>2 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>One week</i>

Are the name, age, sex, color, date and place correctly given above?

*Yes*

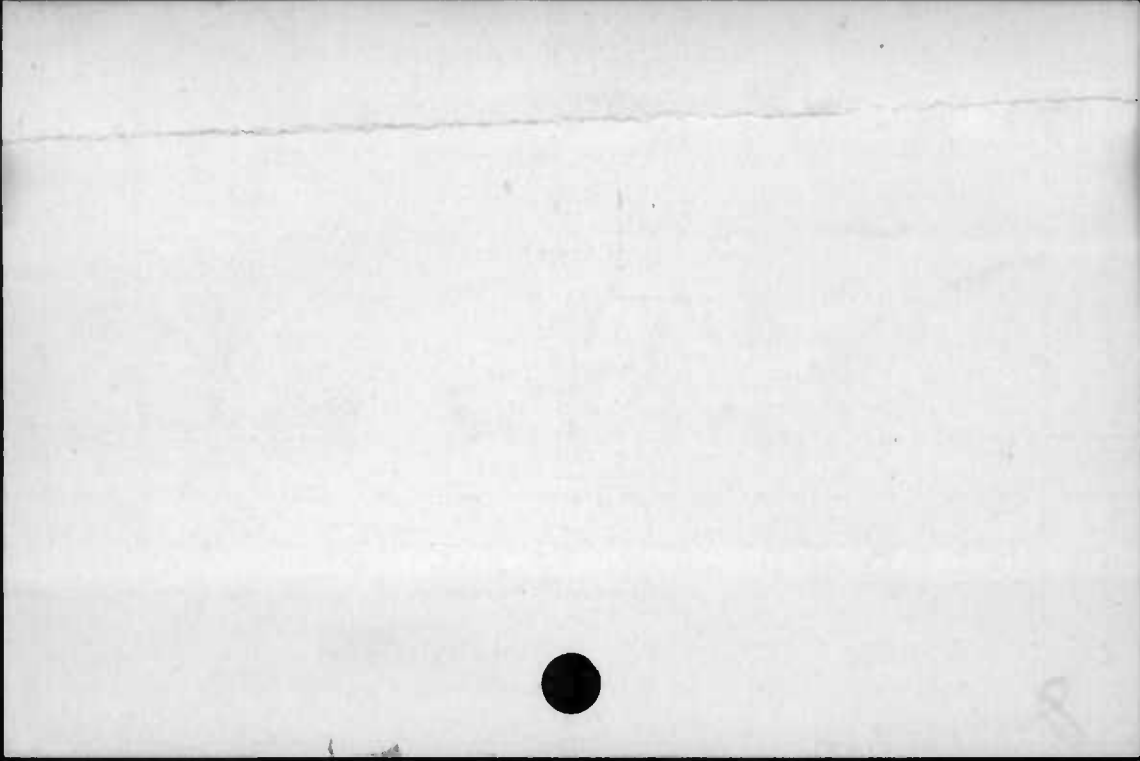
Signature of Physician

Address

*James S. Bellingsha M.D.*  
*Armiger*  
*MA.*

Accident or Suicide?

*No.*



Name  
In  
Full

## CERTIFICATE OF DEATH

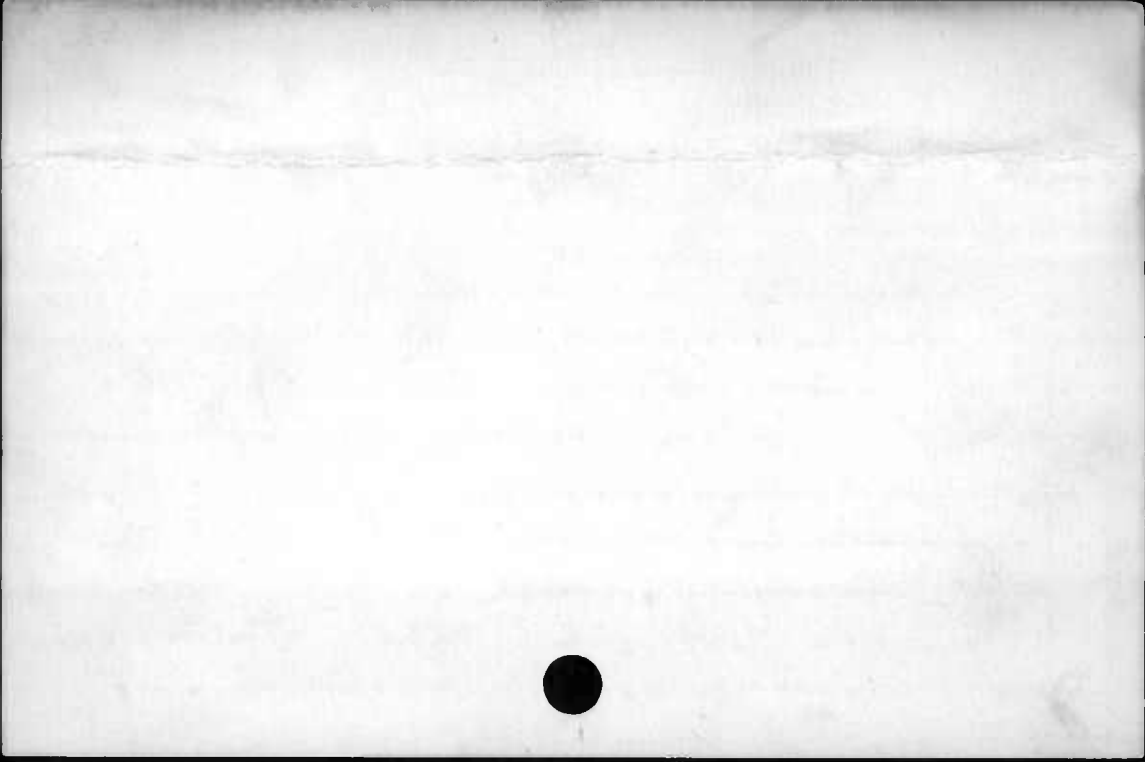
TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <u>So Baltimore</u>		County <u>a. a.</u>				
Date of death <u>1906</u>	Month <u>nov</u>	Day <u>15</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>1</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>So Baltimore Md</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
<input checked="" type="checkbox"/> Single or Wid	Name of Wife or Husband <u>—</u>					
Father's Name <u>Tony Krelavitch</u>	Father's Birthplace <u>Poland</u>					
Mother's Maiden Name <u>Mary Leasky</u>	Mother's Birthplace <u>Poland</u>					
Name of person giving Information <u>Maggie Krelavitch</u>	How related to deceased <u>Sister</u>					

## CAUSES OF DEATH

Primary <u>Infantile Convulsions</u>	How long <u>one hour</u>
Immediate <u>Heart failure</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. B. Horton MD</u>
	Address <u>So Baltimore Md</u>
Accident or Suicide <u>—</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

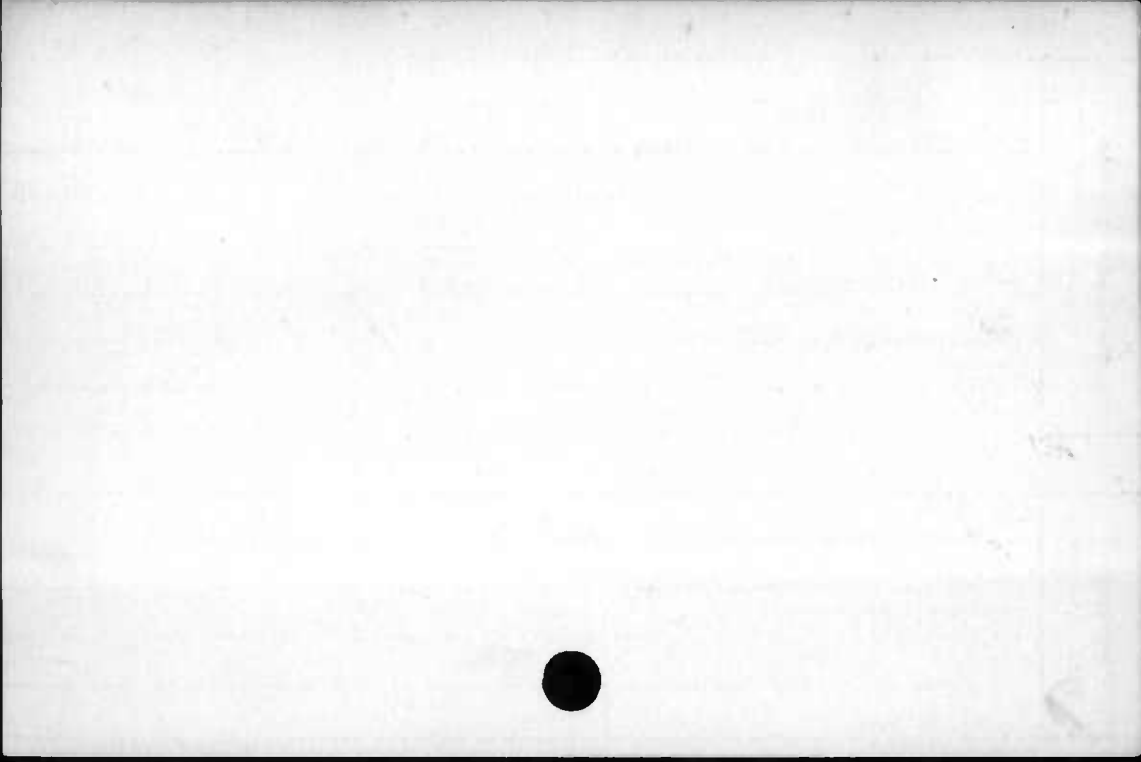
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John L Leatherbury</i>		Town <i>Drake</i>		County <i>Ala</i>		MARYLAND	
Died at <i>Drake</i>		Month <i>Nov</i>		Day <i>14</i>		Age <i>44</i>	
Date of death <i>1906</i>		Month <i>Nov</i>		Day <i>14</i>		Age <i>44</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>		Months <i>9</i> Days <i>25-</i>	
Occupation <i>Merchant</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Hannie Dilling.</i>					
Father's Name <i>Chas Leatherbury</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Rachel Drake</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>Wm. P Leatherbury</i>		How related to deceased <i>Brother.</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>120</i> 7 Months
Immediate <i>Pulmonary Edema</i>	How long <i>1</i> day
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. T. Dent M.D.</i>
	Address <i>Churchton</i>
Accident or Suicide? <i>-</i>	



Name  
in  
Full

Ellsworth F. Lushman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

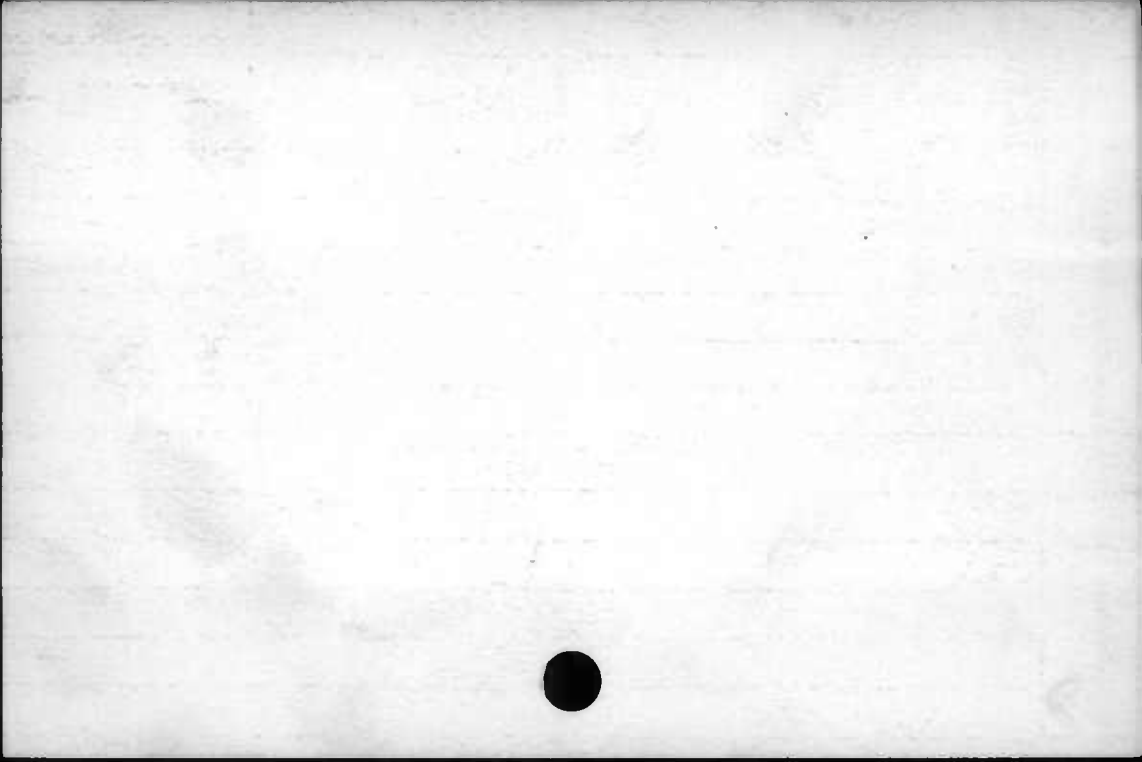
MARYLAND

Died at <u>Baltimore</u>		Town <u>Baltimore</u>		County <u>Prince George's</u>	
Date of death <u>1906</u>	Month <u>Nov</u>	Day <u>20th</u>	Age <u>1</u>	Years <u>1</u>	Months <u>6</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>Child</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Willard Lushman</u>			Father's Birthplace <u>MD</u>		
Mother's Maiden Name <u>Daisy C. Lushman</u>			Mother's Birthplace <u>MD</u>		
Name of person giving information <u>Willard Lushman</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Measles</u>	How long <u>4 days</u>
Immediate <u>Coma</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>F. F. Lushman</u>
	Address <u>Baltimore MD</u>
Accident or Suicide? <u>No</u>	





Name

In Full

## CERTIFICATE OF DEATH

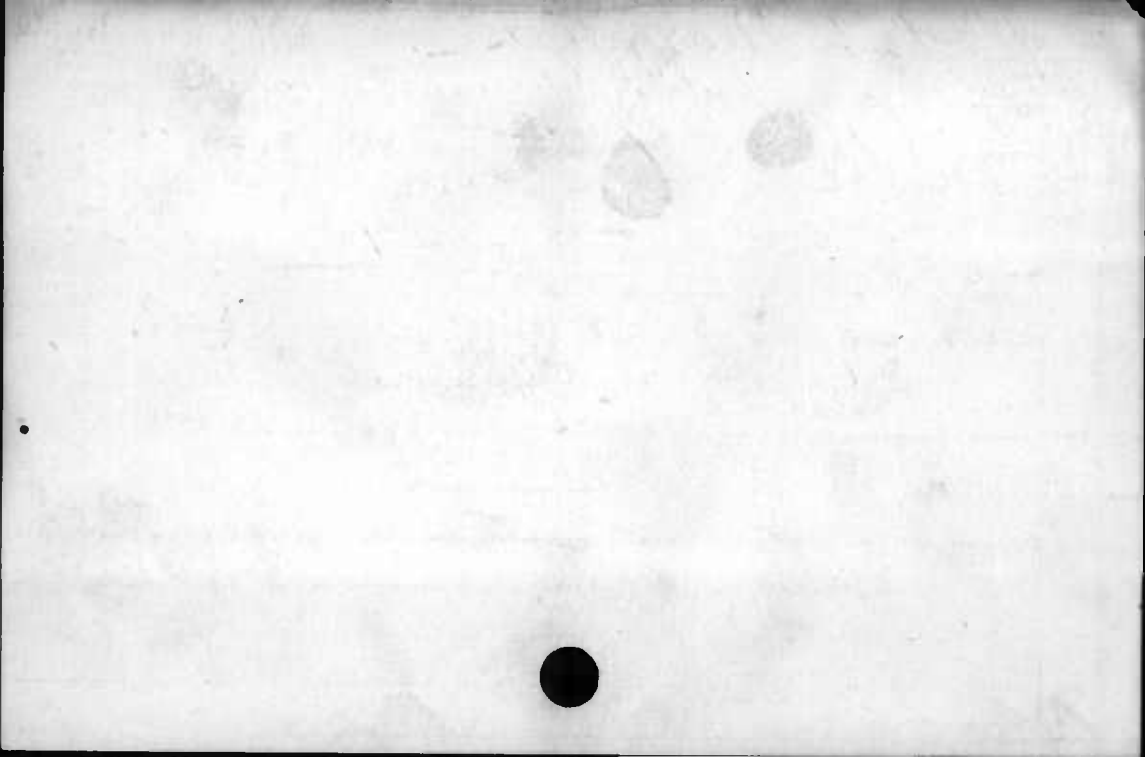
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Annapolis</u>		Town <u>Annapolis</u>		County <u>Prince George's</u>		State <u>MARYLAND</u>	
Date of death	1906	Month	Nov	Day	9	Age	21 1/2
Sex	Male	Color or Race	Colored	Birth-place	Annapolis		
Occupation				Where Residing if not at place of death	54 Lay St		
Married Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Ruth Matthews				Father's Birthplace	Adco	
Mother's Maiden Name	Elizabeth Nator				Mother's Birthplace	Adco	
Name of person giving information	Father				How related to deceased	—	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Menses mns	How long	Since Birth
Immediate	Exhaustion	How long	Gradual
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John P. Doughty MD
		Address	Annapolis Md
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

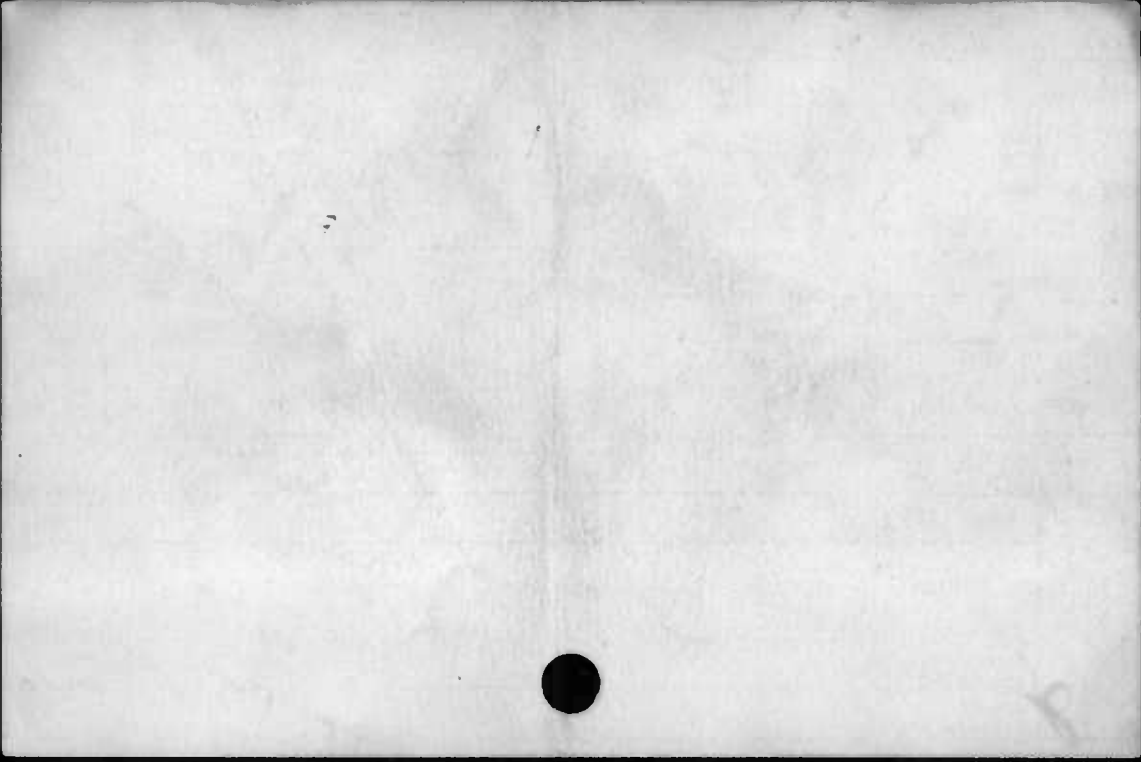
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Burtis Bay</i>		Town <i>aa co.</i>		County		MARYLAND	
Date of death <i>1906 Nov 17<sup>th</sup></i>	Month	Day	Age	Years	Months	Days	
Sex <i>M.</i>	Color or Race <i>W</i>		Birth-place <i>Russia</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>✓</i>			Name of Wife or Husband <i>✓</i>				
Father's Name <i>Joseph W. Modge</i>				Father's Birthplace <i>Russia</i>			
Mother's Maiden Name <i>✓</i>				Mother's Birthplace <i>Russia</i>			
Name of person giving information <i>Lucy Horik</i>				How related to deceased <i>Friend</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Infective Endocarditis</i>	How long <i>3 mos</i>
Immediate <i>Myocardium</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>William H. Scott M.D.</i>
	Address <i>Burtis Bay, aa. Co., Maryland</i>
Accident or Suicide? <i>✓</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

George H. Hill

MARYLAND

Died at *Massoville*

Town

*Anne A. Hill*

County

Date

of death *1906 November*

Month

Day

Age

Years

Months

Days

Sex

Color or  
Race*White*Birth-  
place

Occupation

*Blackman*Where Residing if not  
at place of death*East Brooklyn*Married, Single  
or Widowed*Married*Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

*Struck by train*

How long

*(160)*

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

*Dr. Hirschel Gross  
South Baltimore Ave*

Accident or Suicide?

*Accident*PHYSICIAN  
OR CORONER.

frank removal only  
CJ.

Name

In Full

## CERTIFICATE OF DEATH

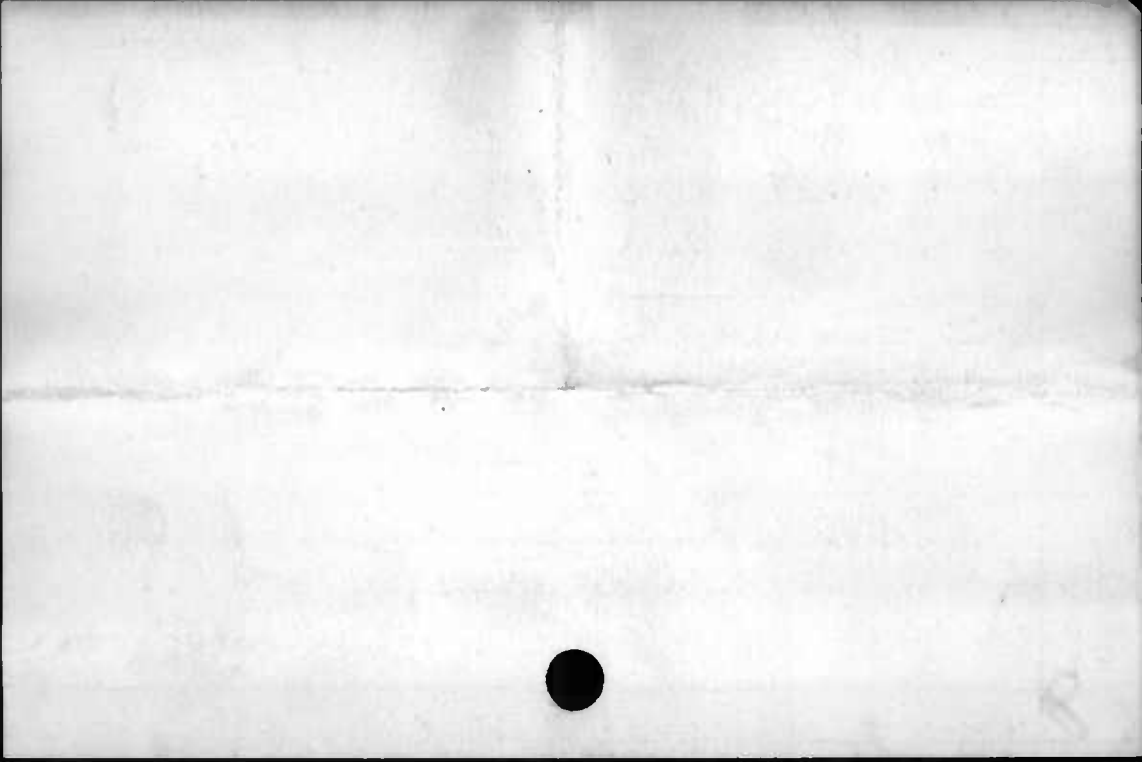
TO BE ANSWERED BY  
NEAREST FRIEND

Name Mary L Parker		Town Annapolis		County Art		MARYLAND	
Died at		Month Nov		Day 20		Years 9	
Date of death 1906		Month Nov		Day 20		Age 9	
Sex Female		Color or Race colored		Birth-place		Months 4	
Occupation child		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Edward Parker		Father's Birthplace Annapolis					
Mother's Maiden Name Leah Mc Gowan		Mother's Birthplace Annapolis					
Name of person giving information Edward Parker		How related to deceased Father					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Diphtheria Pertussis	How long Six weeks
Immediate Measles	How long Twenty four
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician John R. Dwyer
	Address Annapolis
Accident or Suicide?	





me  
in  
Full

Charles Price

CERTIFICATE OF DEATH

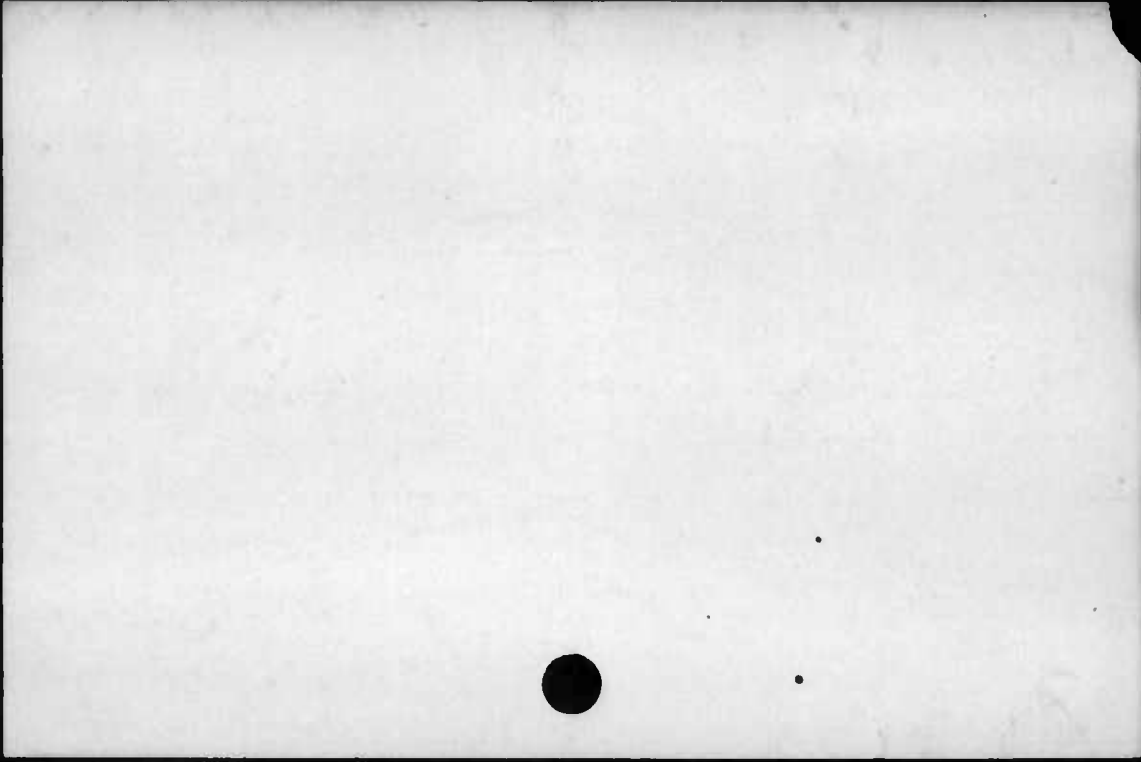
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>June</i> Town <i>Ann Arundel</i> County		MARYLAND	
Date of death	1906	Month	Nov
	Day	6	Age
	Years	54	Months
	Days		
Sex	male	Color or Race	Colored
Birthplace	Calvert Co.		
Occupation	Laborer		
Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Phoebe Watkins
Father's Name	John Price	Father's Birthplace	Calvert Co.
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information	Phoebe Price	How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	21 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	<i>Thos. M. Chaney, M.D.</i>
		Address	<i>Chaney</i>
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

Still Born

Scott

Town

County

MARYLAND

Died at

Annapolis

A. A. Co

Date

Month

Day

Years

Months

Days

of death

1906 Nov

23

Age

Sex

Male

Color or  
Race

Colored

Birth-  
place

Annapolis

Occupation

Where Residing if not  
at place of death

Actor Lake

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Herbert Scott

Father's  
Birthplace

A. A. Co

Mother's  
Maiden Name

George B. Proctor

Mother's  
Birthplace

North Carolina

Name of person giving  
Information

Mother

How related  
to deceased

C C C C

CAUSES OF DEATH

Primary

Still Born

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

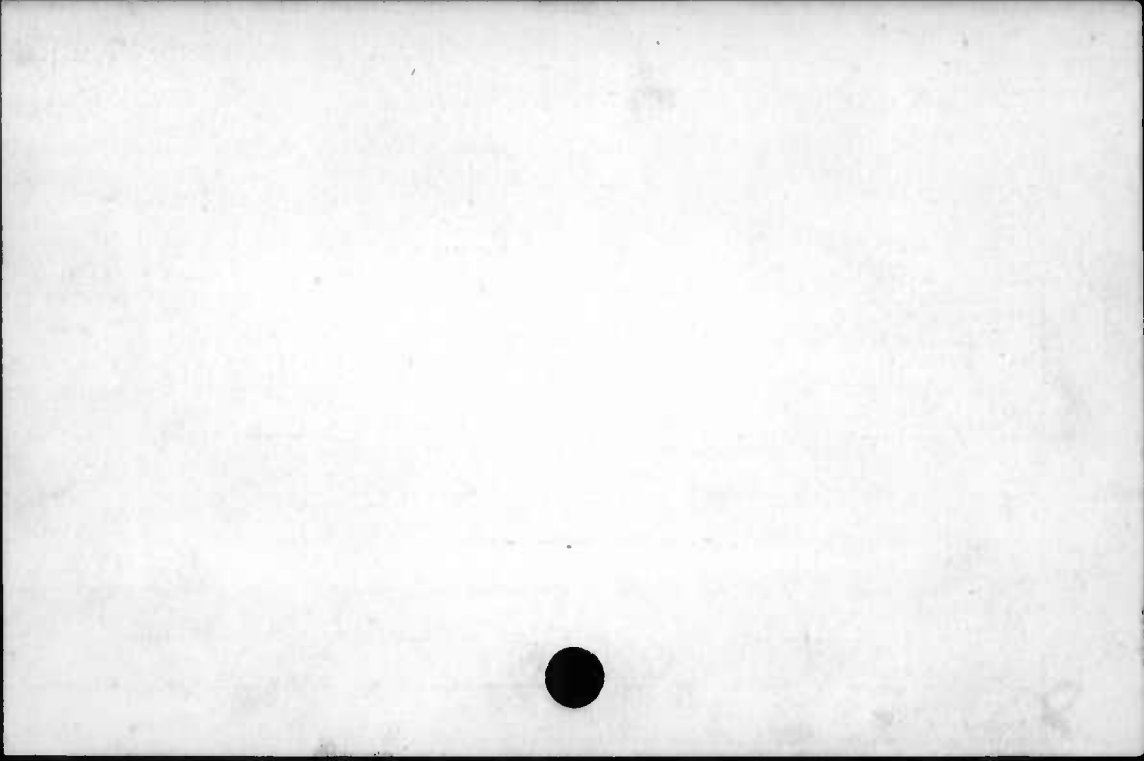
Address

T. P. Seavey  
60 Cathedral St  
Annapolis, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

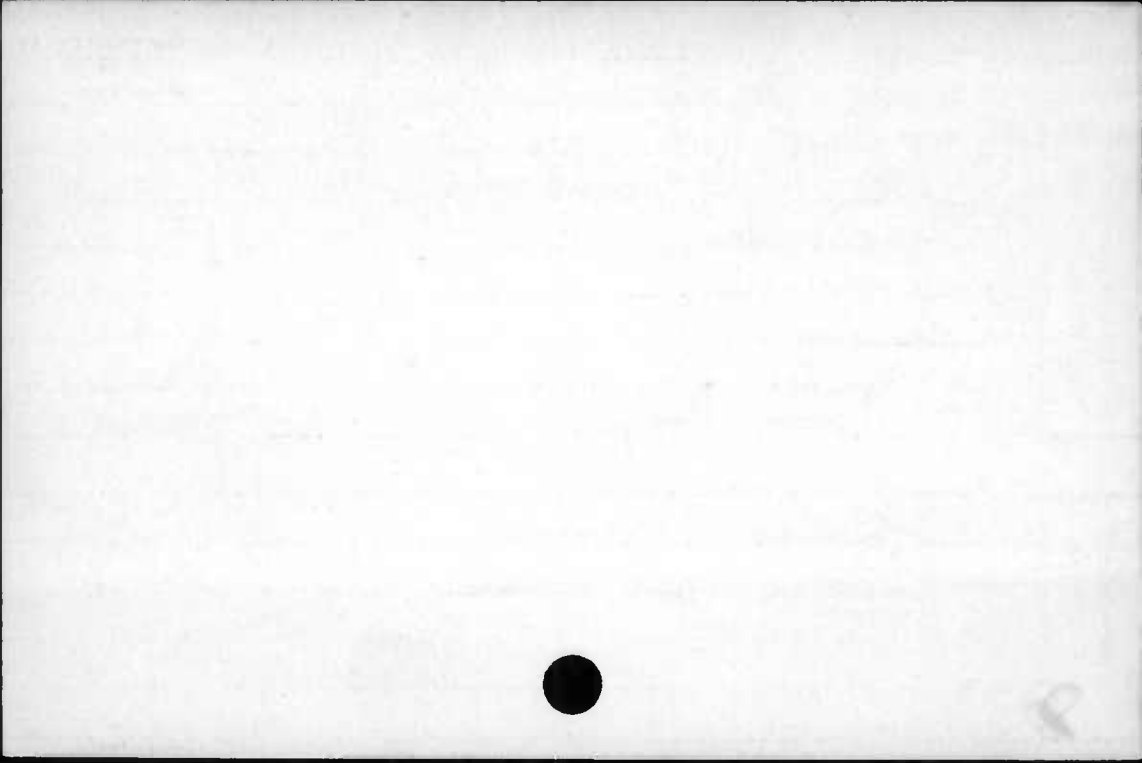
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Virginia Shaw</i>		Town <i>Churchton</i>		County <i>A.A.</i>		State <i>MARYLAND</i>	
Died at <i>Churchton</i>		Month <i>Nov</i>		Day <i>29</i>		Years <i>63</i>	
Date of death <i>1906</i>		Month <i>Nov</i>		Day <i>29</i>		Years <i>63</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Ind</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Husband <i>Chas Shaw</i>					
Father's Name <i>Geo Blunt</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Eusan Mullen</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Geo. Browne</i>		How related to deceased <i>Son</i>					

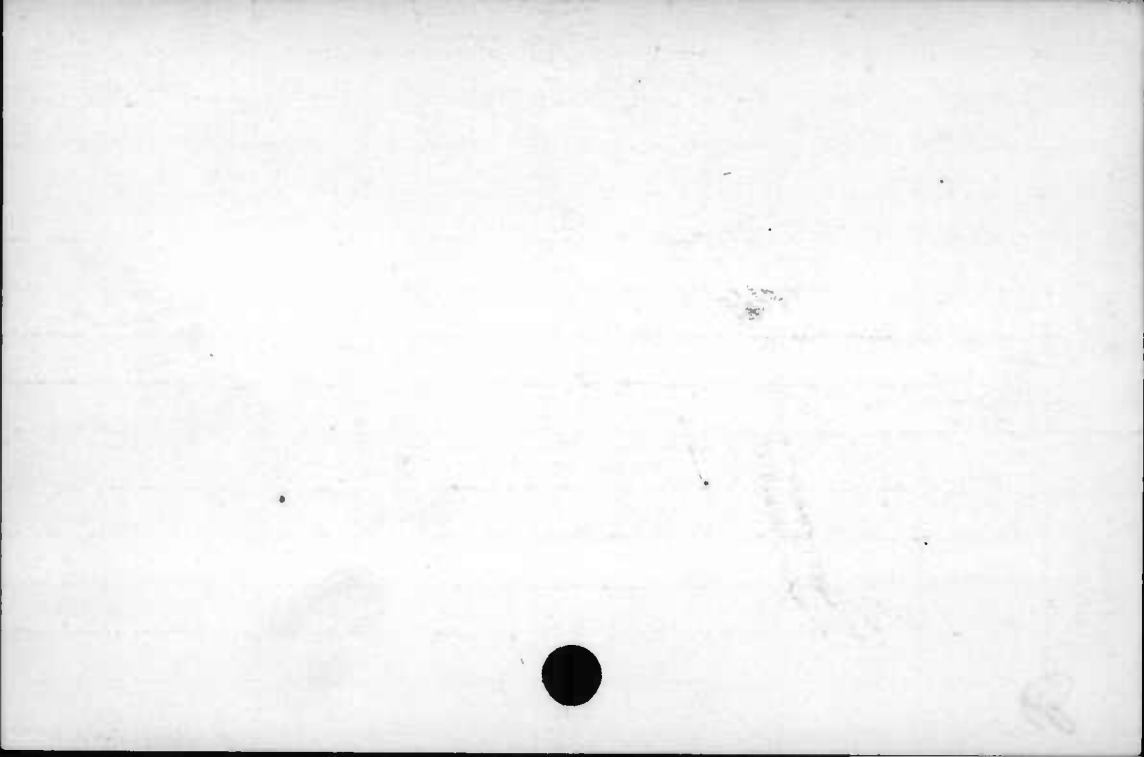
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>8 Days</i>
Immediate <i>Pulmonary Congestion</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. T. Dent</i>
	Address <i>Churchton</i>
Accident or Suicide? <i>—</i>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Shady Side</i>		Town <i>Ad</i>		County <i>Ad</i>
	Date of death <i>1906 Nov 3</i>		Month <i>Nov</i>		Day <i>3</i>
	Age <i>35</i>		Years <i>35</i>		Months <i>—</i>
	Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Ind</i>
	Occupation <i>Oysterman</i>		Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		
	Father's Name <i>Allen Sims</i>		Father's Birthplace <i>Ind</i>		
	Mother's Maiden Name <i>Lettie Mack</i>		Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Wm Smith</i>		How related to deceased <i>Friend</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Bright's Disease</i>		How long <i>4 Month</i>		<i>20</i>
	Immediate <i>Pulmonary Edema</i>		How long <i>3 days</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Geo T Smith</i>		
	Accident or Suicide? <i>—</i>		Address <i>Chumpton</i>		





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

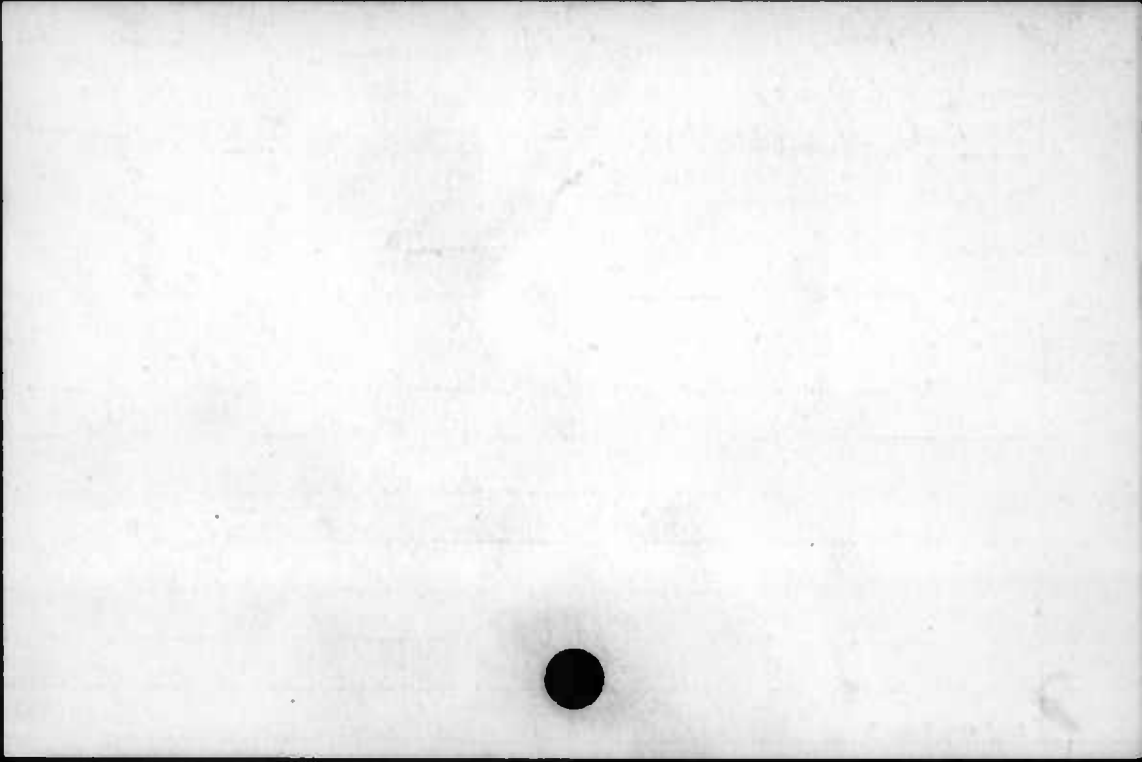
MARYLAND

Died at <u>Eastport</u> Town		<u>Anne Arundel</u> County	
Date of death <u>1906</u>	Month <u>November</u>	Day <u>25</u>	Age <u>78</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth place <u>Annapolis</u>	Months <u>—</u>
Occupation <u>Mail Carrier</u>	Where Residing if not at place of death <u>Eastport</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary E. Smith</u>		
Father's Name <u>John Smith</u>	Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>Eliza E. Summers</u>	Mother's Birthplace <u>Ga Co.</u>		
Name of person giving information <u>James E. Smith</u>	How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Apoplexy</u>	How long <u>Sixteen days</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>John Ridout M.D.</u>
<u>Yes</u>	Address <u>Annapolis Md</u>
Accident or Suicide?	



Name  
in  
Full

Lolia Sparrow

## CERTIFICATE OF DEATH

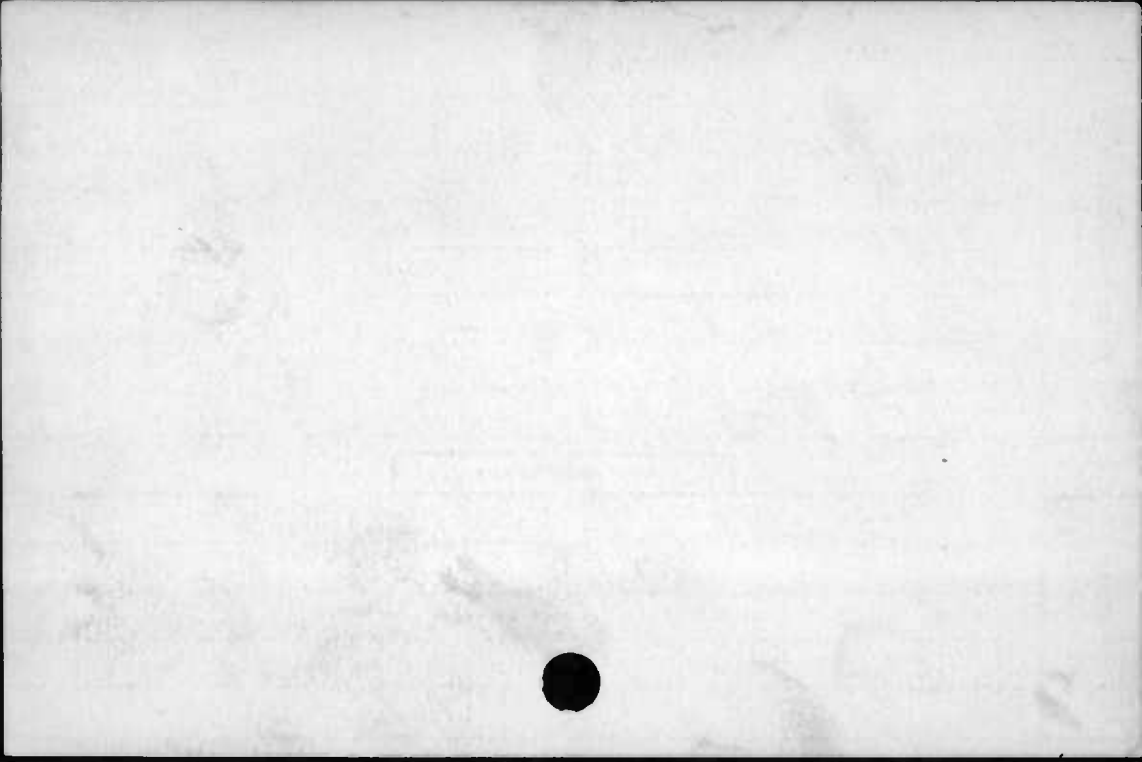
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Burklyn</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i>	Month	<i>11</i>	Day	<i>18</i>
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Maryland</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>Ben Sparrow</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Luise Blackstone</i>			Mother's Birthplace	<i>1</i>
Name of person giving information	<i>Ben Sparrow</i>			How related to deceased	<i>Father</i>

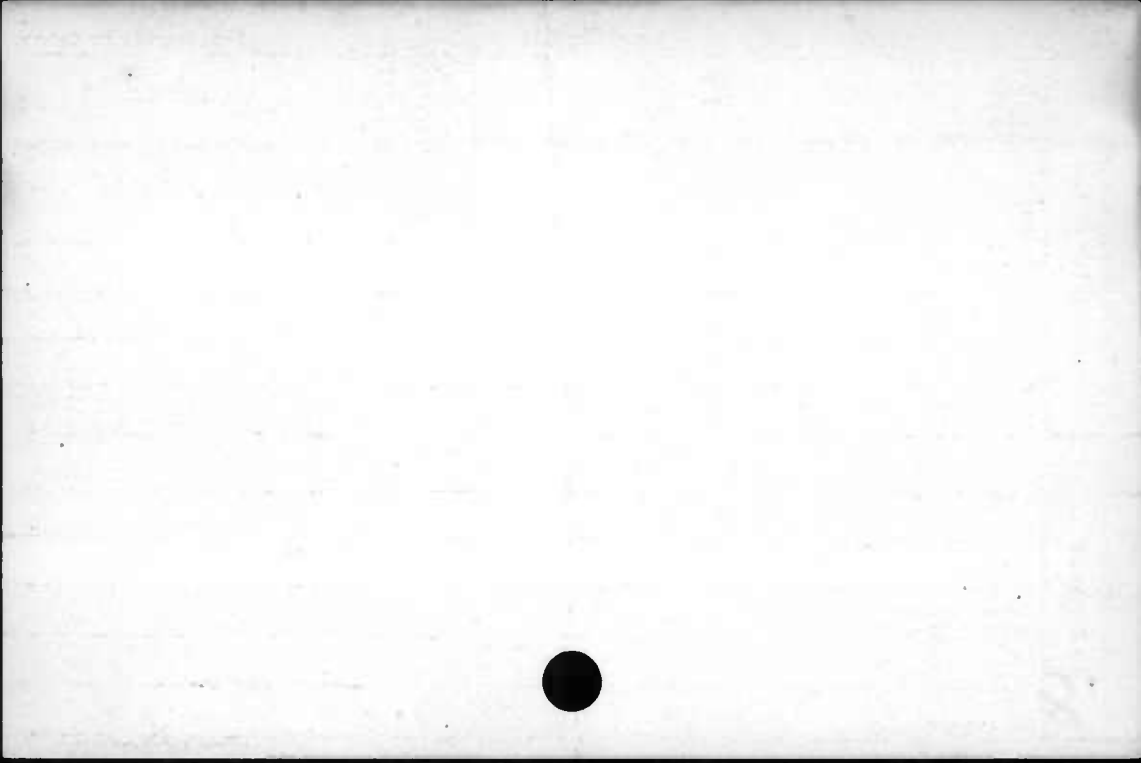
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Convulsion</i>	How long	
Immediate	<i>4</i>	How long	
Are the name, age, sex, color, date, and place correctly given above?	Signature of Physician <i>Richard W. Jones</i>		
	Address <i>512 1st St</i>		
Accident or Suicide?			







Name  
in  
Full

Still born - Ward

## CERTIFICATE OF DEATH

MARYLAND

Died at

Curtis Bay

Town

County

A. A.

Date

of death

1906

Month

Nov

Day

11

Age

Years

Months

Days

Sex

male

Color or  
Race

white

Birth-  
place

Curtis Bay

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Robt Ward

Father's  
Birthplace

Crisfield

Mother's  
Maiden Name

May Bradley

Mother's  
Birthplace

Cambridge

Name of person giving  
information

Robt Ward

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Still Born

How long

Immediate

Prohibited Union

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

G. M. Litzinger M.D.  
212 N Franklin - Baltimore

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Harry Carlwell Warner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Harfield</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death		Month <i>Nov</i>	Day <i>21</i>	Age <i>28</i>	Years <i>—</i>	Months <i>—</i>	Days <i>28</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Harfield</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>Harfield</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Gustavus A Warner</i>				Father's Birthplace <i>Balto Md</i>			
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>Penna</i>			
Name of person giving information <i>Catherine Warner</i>				How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

Primary

*Murder*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*M. S. Schickel*  
*South Balto*

Accident or Suicide?

Interment at Loudon Park  
Cemetery

Undertaker  
Stewart & Mowen Co.  
215- Park ave  
Baltimore  
Md.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis Md</i> <i>U. Co</i>		Town <i>Annapolis</i> County <i>U. Co</i>		MARYLAND	
Date of death	1906	Month	Nov.	Day	10
Sex	Female	Color or Race	White	Age	9
Occupation		Where Residing if not at place of death	<i>Clay St</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	<i>James Whipper</i>			Father's Birthplace	<i>Annapolis.</i>
Mother's Maiden Name	<i>Lola Brown</i>			Mother's Birthplace	<i>Annapolis.</i>
Name of person giving information	<i>Father</i>			How related to deceased	<i>father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Intestinal Catarrh</i>	How long	<i>One week</i>
Immediate	<i>Convulsions</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>R. P. Keene</i>
Accident or Suicide?		Address	<i>60 Cathedral St Annapolis Md</i>

Delaware Brown

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Brown Jones Town

Willard  
Ala County

Date of death 1906 Month Nov Day 6

Age — Years

Months — 1

Days 6

Sex Male

Color or Race White

Birth-place Brown Jones

Occupation —

Where Residing if not at place of death —

~~Married~~, Single or Widowed

Name of Wife or Husband —

Father's Name John R Willard

Father's Birthplace Pec

Mother's Maiden Name Ella Davis

Mother's Birthplace Ar. Va

Name of person giving information Arthur

How related to deceased Brother

CAUSES OF DEATH

Primary Myocardial

How long 1 month

Immediate Heart & Artery

How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. B. Robinson

Address Brown Jones, Ala

Accident or Suicide? —

